

provided in this paragraph shall be served by registered or certified letter indicating the nature of the breach.

d) The Residential Lessee shall be permitted for a period of sixty (60) days after termination or expiration of this Agreement to remove structures placed upon the land by said Residential Lessee, if such removal is made without damage to the Premises. Upon termination or expiration of this Agreement, Residential Lessee shall surrender the Premises to EMNRD in the same condition as they were received by Residential Lessee at the inception of this Agreement.

7. NON-DISCRIMINATION CLAUSE. EMNRD acting on its own behalf and as the agent of the State of New Mexico, together with the Residential Lessee herein, mutually covenant and agree to comply with all provisions of Executive Order No. 10925, dated March 6, 1961, as amended, and the rules and regulations and relevant orders of the President's Committee on Equal Opportunity created thereby, and to any further amendments, changes or superseding orders.

8. ASSIGNMENT OF LEASE. Neither this Agreement nor any interest therein shall be assigned. However, the leasehold interest may be transferred after submission of a ten dollar (\$10.00) transfer fee and a certified survey of the Premises performed within nine (9) months by a New Mexico Professional Surveyor prior to submission of the Application for Transfer. Upon such transfer, the new Residential Lessee shall enter into a new Residential Lease Agreement with EMNRD.

9. AMENDMENT. This Agreement shall not be changed except by written amendment hereto executed by the parties and approved by the Secretary of EMNRD.

10. COVENANT AGAINST CONTINGENT FEES. Residential Lessee warrants that no person or agency has been employed or retained to solicit or secure this Agreement upon agreement or understanding for a commission, percentage, brokerage or contingent fee, excepting bona fide employees or bona fide established commercial agencies hired by the Residential Lessee for the purpose of securing business. For breach or violation of this warranty, EMNRD shall have the right to terminate this Agreement without liability or in its discretion to require the Residential Lessee to pay, in addition to the stated rentals, the full amount of such commission, percentage, brokerage or contingent fee.

11. OFFICIALS NOT TO BENEFIT. No member of or Delegate to Congress nor employee of EMNRD shall be admitted to any share or part of this contract or to any benefit that may arise herefrom, but this restriction shall not be construed to extend to this contract if made with a corporation or any company for its general benefit.

12. SUCCESSORS IN INTEREST OBLIGATED. The provisions of this Agreement shall apply to and bind the assigns of EMNRD and the heirs, executors, administrators and assigns of the Residential Lessee.

13. APPLICABLE LAW. This Agreement shall be governed by the laws of the State of New Mexico.

14. SCOPE OF AGREEMENT. This Agreement and attached regulations incorporate all agreements, covenants or understandings between the parties concerning the subject matter hereof, and all such covenants or understandings have been merged into this written agreement. No prior agreement or understanding, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

IN WITNESS WHEREOF, the parties have hereunto subscribed their names.

NEW MEXICO ENERGY, MINERALS AND
NATURAL RESOURCES DEPARTMENT

By: [Signature]
Secretary

By: [Signature]
Lessee

Date: 1/12/95

By: _____
Lessee

By: _____
Lessee

744-5070
Phone

JAN 10, 1995
Date

STATE PARK LEASE

DAVID P. RAY

FEBRUARY 1, 1994

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT
Santa Fe, New Mexico 87505



BRUCE KING
GOVERNOR



ANITA LOCKWOOD
CABINET SECRETARY

December 29, 1994

Mr. David P. Ray
P. O. Box 148
Elephant Butte, New Mexico 87935

Dear Mr. Ray:

The Park and Recreation Division will approve a transfer of the unexpired portion of the original lease for Block K, Lot 8 at Hot Springs Landing, Elephant Butte Lake State Park, if you sign and return both copies of the lease by two weeks from date of letter to:

Park & Recreation Division
408 Galisteo
Santa Fe, New Mexico 87504-1147
Attn: Corrine Vigil

Once fully executed, I will return a copy of the new lease for your files.

It is the Division's policy that the transfer is for the unexpired portion of the previous lessee's lease followed by the opportunity to re-negotiate a new lease. While any lease is in effect, inspections may be made of the lot. The negotiation of additional lease terms may depend on compliance with prior leases.

If you have any questions, please call me at 827-7809.

Sincerely,

Corrine Vigil, Administrator
State Park and Recreation Division

CV
encls.

VILLAGE BUILDING - 408 Galisteo
Forestry and Resources Conservation Division
P.O. Box 1948 87504-1948
827-5390

Park and Recreation Division
P.O. Box 1147 87504-1147
827-7485

2049 South Pacheco

Office of the Secretary
827-5950

Administrative Services
827-5959

Energy Conservation & Management
827-5900

Mining and Minerals
827-5970

LAND OFFICE BUILDING - 310 Old Santa Fe Trail
Oil Conservation Division
P.O. Box 2088 87504-2088
827-5800

DAVID L. RAY
P. O. BOX 108 PH. 505-744-5070
ELEPHANT BUTTE, NM 87835

REC-27-94 95-143/1122

Pay to the order of New Mexico State Parks \$ 10.00
Ten dollars

NAME OF THE SOUTHWEST
LAND OFFICE
P. O. Box 171 • (Rm) RM-711
TOWN OF CORRALBUENAS, NM 87001

LOT K, Block 8

NAME CHANGE

1122014380 50 130 11 0352

LEASE LOT INSPECTION AND NOTICE OF VIOLATION

PARK ELEPHANT BUTTE
 DATE 12-13-93
 INSPECTED BY TIM ZAGORSKI

LESSEE DAVID PARKER
 BLOCK K EHK-008
 LOT # 8 HSC

	Satisfactory	Violation
I. Lot Boundaries		
A. Property Markers	<input type="checkbox"/>	<input type="checkbox"/>
B. Property Lines	<input type="checkbox"/>	<input type="checkbox"/>
C. Survey of Property	<input type="checkbox"/>	<input type="checkbox"/>
D. Survey Reports	<input type="checkbox"/>	<input type="checkbox"/>
E. Survey Results	<input type="checkbox"/>	<input type="checkbox"/>
II. Lot Appearance and Upkeep		
A. Trash, Rubbish, Garbage Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Storage of Recreational Vehicles	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Landscaping	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Equipment and Machinery Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Storage of Building Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Storage of Firewood	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Use of Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III. Lot Use		
A. Authorized Individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Commercial	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Rentals or Subleasing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Single Family Dwelling	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Non-Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Livestock and Poultry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV. Improvements and Structures		
A. General (sound building designs, practices and all applicable codes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Cabin Size Limitations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Set Back Requirement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Drawings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Excavations - Grades - Erosion Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Code Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Lot Fences	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Structure Height Limitations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Skirting and Anchoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Utilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K. Construction Period	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L. Review of Construction Request	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M. Variances (must be submitted to the State for approval)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V. Sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV. Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VII. Encroachment and Access Existing Roads	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS: Backhoe/Troncher has been removed.
THANKS

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT
Santa Fe, New Mexico 87505



BRUCE KING
GOVERNOR

November 1, 1993



ANITA LOCKWOOD
CABINET SECRETARY

CERTIFIED MAIL

David S. and J. Lee Parker
3001 W. Van Buren
Phoenix, Arizona 85009

Dear David S. and J. Lee Parker:

Enclosed is a copy of the "Lease Lot Inspection and Notice of Violation" form for Block K, Lot 8, Hot Springs Landing, Elephant Butte Lake State Park. The following violation currently exists and must be corrected as follows:

1. The storage of operable or inoperable commercial machinery and/or equipment is prohibited.

You have ten (10) days after receipt of this notice to inform the Division of your intent. If you choose to correct the violations, please give the exact time schedule for compliance. If the Division does not receive notice on which course you intend to pursue within ten (10) days, a notice to vacate may result.

If the current violations are corrected in a satisfactory manner, park personnel will reinspect the lot.

If you have any questions, please call Pamela A. Boyd at 827-7809.

Sincerely,

Richard E. Cooper, Director
State Park and Recreation Division

REC:PAB:EAG

cc: Rolf Hechler, Park Superintendent

Enclosures (2)

VILLAGRA BUILDING - 408 Galisteo
Forestry and Resources Conservation Division
P.O. Box 1048 87504-1048
827-5830

Park and Recreation Division
P.O. Box 1147 87504-1147
827-7465

2040 South Pacheco

Office of the Secretary
827-5950

Administrative Services
827-5925

Energy Conservation & Management
827-5800

Mining and Minerals
827-5970

LAND OFFICE BUILDING - 310 Old Santa Fe Trail

Oil Conservation Division
P.O. Box 2088 87504-2088
827-5800

LEASE LOT INSPECTION AND NOTICE OF VIOLATION

PARK ELEPHANT BUTTE
 DATE 10-22-93
 INSPECTED BY TIM TAGGART

LESSEE DAVID PARKER
 BLOCK A EHK-008
 LOT # 8 HSL

	Satisfactory	Violation
I. Lot Boundaries		
A. Property Markers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Property Lines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Survey of Property	<input type="checkbox"/>	<input type="checkbox"/>
D. Survey Reports	<input type="checkbox"/>	<input type="checkbox"/>
E. Survey Results	<input type="checkbox"/>	<input type="checkbox"/>
	N/A	
II. Lot Appearance and Upkeep		
A. Trash, Rubbish, Garbage Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Storage of Recreational Vehicles	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Landscaping	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Equipment and Machinery Storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. Storage of Building Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Storage of Firewood	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Use of Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III. Lot Use		
A. Authorized Individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Commercial	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Rentals or Subleasing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Single Family Dwelling	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Non-Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Livestock and Poultry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV. Improvements and Structures		
A. General (sound building designs, practices and all applicable codes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Cabin Size Limitations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Set Back Requirement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Drawings	<input type="checkbox"/>	<input type="checkbox"/>
E. Excavations - Grades - Erosion Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Code Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Lot Fences	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Structure Height Limitations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Skirting and Anchoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Utilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K. Construction Period	<input type="checkbox"/>	<input type="checkbox"/>
L. Review of Construction Request	<input type="checkbox"/>	<input type="checkbox"/>
M. Variances (must be submitted to the State for approval)	<input type="checkbox"/>	<input type="checkbox"/>
	N/A	
V. Sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV. Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VII. Encroachment and Access Existing Roads	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS: BACKHOE/TRENCHER STORED ON LOT

MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT, PARKS
DIVISION (EMNRD) and:

David P. Ray
P. O. Box 148
Elephant Butte, New Mexico 87935

the LEASEHOLDER.

In consideration of the rents and covenants herein specified,
and pursuant to the residential leasehold regulations contained in
19 NMAC 5.4 [12-31-96], as may be amended, it is mutually agreed by
the parties as follows:

1. DESCRIPTION OF LAND LEASED. Subject to the conditions of
this residential lease, EMNRD does hereby lease to Leaseholder the
following described land at Elephant Butte Reservoir: Block K, Lot
8, Hot Springs Landing, (the Premises), containing 1/2 acres, more
or less, subject, however, to the exceptions and reservations set
out herein and the regulations in 19 NMAC 5.4 [12-31-96].

2. EXCEPTIONS AND RESERVATIONS. There are excepted and reserved from the lease of the Premises described in the above paragraph the following:

a) All rights-of-way heretofore acquired or initiated for highways, railroads, irrigation works or any other purpose;

b) The right to take from said lands materials for the construction, operation and maintenance of any federal irrigation works now located on said lands or for which purpose it is reserved;

c) The right to care for any federal wildlife preserve which may include said lands;

d) The right to the officers, agents, employees, licensees, and permittees of the United States and EMNRD, at all proper times and places, freely to have ingress to, passage over, and egress from all said lands, for the purposes of exercising, enforcing and protecting the rights described in and reserved by this Section 2;

e) The right to regulate the water level of Elephant Butte Reservoir at will.

3. MISCELLANEOUS CONDITIONS. In the use of the leased Premises, the Leaseholder shall faithfully observe each of the following:

a) The State and Federal laws and regulations relating to fishing, protection of wildlife, and control of plant and animal pests shall be complied with;

b) Hunting and the shooting of firearms is prohibited upon the reservoir and within boundaries of the Reservoir Reserve except in areas which may be specifically declared open to hunting;

c) The regulations of the United States Fish and Wildlife Service relating to wildlife preserve shall be complied with, if the Premises overlap a federal wildlife preserve on the Premises;

d) Use and care of the Premises shall conform to regulations made and published or posted by or under EMNRD or the Secretary of the Department of the Interior;

e) Operation of boats on the reservoir shall be subject to regulations made and published or posted under authority of the New Mexico Boat Act and applicable Federal laws.

4. TERM OF LEASE. This Agreement is for a five-year term. It is effective upon signature of the Secretary of EMNRD and expires on December 31, 2003, unless sooner terminated as provided herein.

5. RENEWALS. Leaseholder may request to renew the Agreement in accordance with the provisions of 19 NMAC 5.4.16. Such request must be made at least three months prior to the expiration of this

Agreement. EMNRD will not enter into a new lease agreement unless Leaseholder is in compliance with this Agreement and with the provisions of 19 NMAC 5.4.

6. FEES. The Leaseholder shall pay rent to EMNRD the sum of Five Hundred and Seventy-Five Dollars (\$575.00) annually, in advance, on or before December 31 of each year this Agreement is in effect. Annual fees may be increased up to two percent (2%) per year, based upon appraisal.

7. VIOLATIONS. Pursuant to 19 NMAC 5.4.15, EMNRD may, at Leaseholder's, expense, correct violations of this Agreement or violations of 19 NMAC 5.4, where EMNRD has provided at least 10 days notice of violation to Leaseholder and Leaseholder has failed to take acceptable corrective action within the time provided in the notice. Such notice shall consist of a registered or certified letter mailed to Leaseholder and conspicuously posted on the Premises describing the violation(s) and the corrective action(s) required. Leaseholder's failure to comply with the terms of the Agreement or with the provisions of 19 NMAC 5.4 may further result in termination of the Agreement as set forth below.

8. TERMINATION OF LEASE.

a) This Agreement shall terminate:

1) At the end of its term as provided in Section

4; or

2) Upon failure of Leaseholder to pay in full the annual rental installments, as provided in Section 6; or

3) If the EMNRD Secretary or the Bureau of Reclamation determines the Premises present a safety hazard to the Leaseholder or to the public, as provided by 19 NMAC 5.4.13; or

4) For non-use or failure to maintain the Premises, as provided by 19 NMAC 5.4.10; or

5) Upon failure of Leaseholder to cure Leaseholder's breach of any of the conditions of this Agreement within 30 days following service of written notice to Leaseholder from EMNRD. Such notice will indicate the nature of the breach and the correct action to be taken. The notice will be mailed to Leaseholder by certified or registered letter, and will be posted conspicuously on the premises.

b) Upon termination of this Agreement, all rights of Leaseholder under this Agreement shall cease. Leaseholder shall quietly and peaceably deliver to EMNRD possession of the premises.

c) Leaseholder shall be permitted for a period of sixty (60) days after termination or expiration of this Agreement to remove structures placed upon the land by said Leaseholder, if such removal is made without damage to the Premises. Upon termination or expiration of this Agreement, Leaseholder shall surrender the

Premises to EMNRD in the same condition as they were received by Leaseholder at the inception of this Agreement.

9. NON-DISCRIMINATION CLAUSE. EMNRD acting on its own behalf and as the agent of the State of New Mexico, together with the Leaseholder herein, mutually covenant and agree to comply with all provisions of Executive Order No. 10925, dated March 6, 1961, as amended, and the rules and regulations and relevant orders of the President's Committee on Equal Opportunity created thereby, and to any further amendments, changes or superseding orders.

10. ASSIGNMENT OF LEASE. Neither this Lease Agreement nor any interest therein shall be assigned. However, the interest in a lease lot may be transferred after submission of a fifty dollar (\$50.00) transfer fee. Leaseholder shall submit a certified survey of the lease lot performed by a professional surveyor registered by the state of New Mexico within nine months prior to submission of the Application for Transfer. After approval of the Department of the transfer, the new Leaseholder shall enter into a lease agreement with the Department. Leaseholder must be in compliance with the Lease Agreement and 19 NMSA 5.4 [12-31-96] in order for a transfer to be approved.

11. AMENDMENT. This Agreement shall not be changed except by written amendment hereto executed by the parties and approved by the Secretary of EMNRD.

12. COVENANT AGAINST CONTINGENT FEES. Leaseholder warrants that no person or agency has been employed or retained to solicit or secure this Agreement upon agreement or understanding for a commission, percentage, brokerage or contingent fee, excepting bona fide employees or bona fide established commercial agencies hired by the Leaseholder for the purpose of securing business. For breach or violation of this warranty, EMNRD shall have the right to terminate this Agreement without liability or in its discretion to require the Leaseholder to pay, in addition to the stated rentals, the full amount of such commission, percentage, brokerage or contingent fee.

13. OFFICIALS NOT TO BENEFIT. No member of or Delegate to Congress nor employee of EMNRD shall be admitted to any share or part of this contract or to any benefit that may arise herefrom, but this restriction shall not be construed to extend to this contract if made with a corporation or any company for its general benefit.

14. SUCCESSORS IN INTEREST OBLIGATED. The provisions of this Agreement shall apply to and bind the assigns of EMNRD and the heirs, executors, administrators and assigns of Leaseholder.

15. APPLICABLE LAW. This Agreement shall be governed by the laws of the State of New Mexico.

16. SCOPE OF AGREEMENT. This Agreement and attached regulations incorporate all agreements, covenants or understandings between the parties concerning the subject matter hereof, and all such covenants or understandings have been merged into this written agreement. No prior agreement or understanding, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

IN WITNESS WHEREOF, the parties have hereunto subscribed their names.

NEW MEXICO ENERGY, MINERALS AND
NATURAL RESOURCES DEPARTMENT

By: [Signature]
Secretary

By: [Signature]
Leaseholder

Date: 2/1/99

By: _____
Leaseholder

By: _____
Leaseholder

744-5070 / 394-2306
Phone

Jan 6, 1999
Date

STATE PARK LEASE
DAVID S. AND J. LEE PARKER

DECEMBER 21, 1993

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT
Santa Fe, New Mexico 87505



BRUCE KING
GOVERNOR



ANITA LOCKWOOD
CABINET SECRETARY

December 1, 1993

David and J. Lee Parker
Post Office Box 148
Elephant Butte, NM 87935

Dear Lessee:

Our records indicate that the current lease agreement for Block K, Lot 8 at Elephant Butte Lake State Park expires on December 31, 1993. If you wish to renew the lease, please sign the enclosed copies of the Residential Lease Lot Agreement and return by December 31, 1993 to:

State Park and Recreation Division
Post Office Box 1147
Santa Fe, New Mexico 87504-1147
ATTN: Pamela A. Boyd

When the lease has been executed, the Division will return a copy of the lease for your files.

If there are any changes, please call me at (505)827-7809.

Sincerely,

Pamela A. Boyd, Administrator
State Park and Recreation Division

PAB:eag

Enclosures

VILLAGHA BUILDING - 408 Galileo
Forestry and Resources Conservation Division
P.O. Box 1948 87504-1948
827-5830

Park and Recreation Division
P.O. Box 1147 87504-1147
827-7465

2040 South Pacheco
Office of the Secretary
827-8950

Administrative Services
827-5025

Energy Conservation & Management
827-5500
Mining and Minerals
827-5570

LAND OFFICE BUILDING - 310 Old Santa Fe Trail
Oil Conservation Division
P.O. Box 2088 87504-2088
827-5800

NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT:

RESIDENTIAL LEASE LOT AGREEMENT

THIS RESIDENTIAL LEASE LOT AGREEMENT, is made between the NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT, PARK AND RECREATION DIVISION (EMNRD) and:

David S. and J. Lee Parker
Post Office Box 148
Elephant Butte, New Mexico 87935

the RESIDENTIAL LESSEE.

In consideration of the rents and covenants herein specified, and pursuant to the Residential leasehold regulations contained in Attachment A and regulations which may be promulgated in the future, it is mutually agreed by the parties as follows:

1. DESCRIPTION OF LAND LEASED. Subject to the conditions of this residential lease, EMNRD does hereby lease to the Residential Lessee the following described land at Elephant Butte Reservoir: Block K, Lot 8, Hot Springs Landing, (the Premises), containing 1/2 acres, more or less, subject, however, to the exceptions and reservations set out herein and the regulations in Attachment A.

2. EXCEPTIONS AND RESERVATIONS. There are excepted and reserved from the lease of the Premises described in the above paragraph the following:

a) All rights-of-way heretofore acquired or initiated for highways, railroads, irrigation works or any other purpose;

b) The right to take from said lands materials for the construction, operation and maintenance of any federal irrigation

works now located on said lands or for which purpose it is reserved;

c) The right to care for any federal wildlife preserve which may include said lands;

d) The right to the officers, agents, employees, licensees, and permittees of the United States and EMNRD, at all proper times and places, freely to have ingress to, passage over, and egress from all said lands, for the purposes of exercising, enforcing and protecting the rights described in and reserved by this Section 2;

e) The right to regulate the water level of Elephant Butte Reservoir at will.

3. MISCELLANEOUS CONDITIONS. In the use of the leased Premises, the Residential Lessee shall faithfully observe each of the following:

a) The State and Federal laws and regulations relating to fishing, protection of wildlife, and control of plant and animal pests shall be complied with;

b) Hunting and the shooting of firearms is prohibited upon the reservoir and within boundaries of the Reservoir Reserve except in areas which may be specifically declared open to hunting;

c) The regulations of the United States Fish and Wildlife Service relating to wildlife preserve shall be complied with, if the Premises overlap a federal wildlife preserve on the Premises;

d) Use and care of the Premises shall conform to regulations made and published or posted by or under EMNRD or the Secretary of the Department of the Interior;

e) Operation of boats on the reservoir shall be subject to regulations made and published or posted under authority of the New Mexico Boat Act and applicable federal laws.

4. TERM OF LEASE. This Agreement is effective upon signature of the Secretary of EMNRD and expires on December 31, 1998, unless sooner terminated as provided herein.

5. RESIDENTIAL RENTALS. The Residential Lessee shall pay rent to EMNRD the sum of Five Hundred and Seventy Five Dollars (\$575.00) annually, in advance, on or before December 31 of each year this Agreement is in effect.

6. TERMINATION OF LEASE. This Agreement shall terminate:

- a) At the end of its term as provided in Section 4; or
- b) Upon failure of the Residential Lessee to pay in full the annual rental installments, as provided in Section 5; or
- c) Upon written notice to Residential Lessee from EMNRD after failure of the Residential Lessee to observe any of the conditions of this Agreement and its attachments. The Residential Lessee shall have the right to cure any such breach within thirty (30) days after service of such notice. Upon failure thereof, this Agreement shall terminate, and all rights of the Residential Lessee hereunder shall cease. The Residential Lessee shall quietly and peaceably deliver to EMNRD possession of the Premises. Notice

provided in this paragraph shall be served by registered or certified letter indicating the nature of the breach.

d) The Residential Lessee shall be permitted for a period of sixty (60) days after termination or expiration of this Agreement to remove structures placed upon the land by said Residential Lessee, if such removal is made without damage to the Premises. Upon termination or expiration of this Agreement, Residential Lessee shall surrender the Premises to EMNRD in the same condition as they were received by Residential Lessee at the inception of this Agreement.

7. NON-DISCRIMINATION CLAUSE. EMNRD acting on its own behalf and as the agent of the State of New Mexico, together with the Residential Lessee herein, mutually covenant and agree to comply with all provisions of Executive Order No. 10925, dated March 6, 1961, as amended, and the rules and regulations and relevant orders of the President's Committee on Equal Opportunity created thereby, and to any further amendments, changes or superseding orders.

8. ASSIGNMENT OF LEASE. Neither this Agreement nor any interest therein shall be assigned. However, the leasehold interest may be transferred after submission of a ten dollar (\$10.00) transfer fee and a certified survey of the Premises performed within nine (9) months by a New Mexico Professional Surveyor prior to submission of the Application for Transfer. Upon such transfer, the new Residential Lessee shall enter into a new Residential Lease Agreement with EMNRD.

9. AMENDMENT. This Agreement shall not be changed except by written amendment hereto executed by the parties and approved by the Secretary of EMNRD.

10. COVENANT AGAINST CONTINGENT FEES. Residential Lessee warrants that no person or agency has been employed or retained to solicit or secure this Agreement upon agreement or understanding for a commission, percentage, brokerage or contingent fee, excepting bona fide employees or bona fide established commercial agencies hired by the Residential Lessee for the purpose of securing business. For breach or violation of this warranty, EMNRD shall have the right to terminate this Agreement without liability or in its discretion to require the Residential Lessee to pay, in addition to the stated rentals, the full amount of such commission, percentage, brokerage or contingent fee.

11. OFFICIALS NOT TO BENEFIT. No member of or Delegate to Congress nor employee of EMNRD shall be admitted to any share or part of this contract or to any benefit that may arise herefrom, but this restriction shall not be construed to extend to this contract if made with a corporation or any company for its general benefit.

12. SUCCESSORS IN INTEREST OBLIGATED. The provisions of this Agreement shall apply to and bind the assigns of EMNRD and the heirs, executors, administrators and assigns of the Residential Lessee.

13. APPLICABLE LAW. This Agreement shall be governed by the laws of the State of New Mexico.

14. SCOPE OF AGREEMENT. This Agreement and attached regulations incorporate all agreements, covenants or understandings between the parties concerning the subject matter hereof, and all such covenants or understandings have been merged into this written agreement. No prior agreement or understanding, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

IN WITNESS WHEREOF, the parties have hereunto subscribed their names.

NEW MEXICO ENERGY, MINERALS AND
NATURAL RESOURCES DEPARTMENT

By: Allen R. L. S.
Secretary

Date: 12/21/93

By: [Signature]
Lessee

By: J. Lee Parker
Lessee

By: _____
Lessee

744-5070
Phone

Dec. 10, 1993
Date

STATE PARK LEASE
DAVID S. AND J. LEE PARKER

JANUARY 25, 1989



State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT
Santa Fe, New Mexico 87503

GARREY CARRUTHERS
GOVERNOR January 3, 1989

TOM BAHR
CABINET SECRETARY
ANITA LOCKWOOD
DEPUTY SECRETARY

Mr. & Mrs. David Parker
3001 West Van Buren
Phoenix, Arizona 85009

Dear Mr. & Mrs. Parker:

Enclosed are three (3) copies of the Residential Lease Agreement for Block K, Lot 8 at Elephant Butte Lake State Park.

Please sign all three (3) copies of the Lease Agreement and return all three (3) copies to this office by January 17, 1989. When the lease has been executed, the Division will return a copy for your files.

If you have any questions, please contact me.

Sincerely, .

Jo Ann Martinez
Administrator
State Park & Recreation Division

enclosure

VILLAGRA BUILDING - 408 Galleto

Office of the Secretary
827-7836

Forestry Division
P.O. Box 2167 827-6830

Park and Recreation Division
P.O. Box 1147 827-7465

MARQUEZ BUILDING - 525 Camino de los Marquez

Office of the Deputy Secretary
827-5950

Administrative Services
827-5925

Energy Conservation & Management
827-5900

Mining and Minerals
827-5970

LAND OFFICE BUILDING - 310 Old Santa Fe Trail

Oil Conservation Division
P.O. Box 2088 827-5800

CAMPUS STATION - Socorro, New Mexico 87801

State Mine Inspector
c/o New Mexico Tech. 835-5460

ENERGY, MINERALS AND NATURAL RESOURCES DEPT.

01-521.05

№ 56934

OFFICIAL RECEIPT

RECEIVED FROM

*David Parker**January**25**1989*\$ *575.00**Five Hundred seventy-five & 00/100* DOLLARS

CODE 804290

=

80345

=

80341

=

80424

=

CODE 804291

=

803451

=

80421

=

575.00

CODE

EKK008 P

BY

in

LEASE LOT INSPECTION AND NOTICE OF VIOLATION

PARK Eleph. Butte Lake S.P.
 DATE 12/22/88
 INSPECTED BY M. BLOS

LESSEE Prater
 BLOCK K
 LOT # 8 1151

	Satisfactory	Violation
I. Lot Boundaries		
A. Property Markers <i>> not visible</i>	<input type="checkbox"/>	<input type="checkbox"/>
B. Property Lines	<input type="checkbox"/>	<input type="checkbox"/>
C. Survey of Property <i>> unknown</i>	<input type="checkbox"/>	<input type="checkbox"/>
D. Survey Reports	<input type="checkbox"/>	<input type="checkbox"/>
E. Survey Results	<input type="checkbox"/>	<input type="checkbox"/>
II. Lot Appearance and Upkeep		
A. Trash, Rubbish, Garbage Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Storage of Recreational Vehicles	<input type="checkbox"/>	<input type="checkbox"/>
C. Landscaping	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Equipment and Machinery Storage	<input type="checkbox"/>	<input type="checkbox"/>
E. Storage of Building Materials	<input type="checkbox"/>	<input type="checkbox"/>
F. Storage of Firewood	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Use of Pesticides	<input checked="" type="checkbox"/> <i>11</i>	<input type="checkbox"/>
III. Lot Use		
A. Authorized Individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Commercial	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Rentals or Subleasing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Single Family Dwelling	<input type="checkbox"/>	<input type="checkbox"/>
E. Non-Use	<input type="checkbox"/>	<input type="checkbox"/>
F. Livestock and Poultry	<input type="checkbox"/>	<input type="checkbox"/>
IV. Improvements and Structures		
A. General (sound building designs, practices and all applicable codes)	<input type="checkbox"/>	<input type="checkbox"/>
B. Cabin Size Limitations	<input type="checkbox"/>	<input type="checkbox"/>
C. Set Back Requirement	<input type="checkbox"/>	<input type="checkbox"/>
D. Drawings	<input checked="" type="checkbox"/> <i>11</i>	<input type="checkbox"/>
E. Excavations - Grades - Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>
F. Code Compliance	<input type="checkbox"/>	<input type="checkbox"/>
G. Lot Fences	<input type="checkbox"/>	<input type="checkbox"/>
H. Structure Height Limitations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Skirting and Anchoring	<input type="checkbox"/>	<input type="checkbox"/>
J. Utilities	<input type="checkbox"/>	<input type="checkbox"/>
K. Construction Period	<input checked="" type="checkbox"/> <i>11</i>	<input type="checkbox"/>
L. Review of Construction Request	<input checked="" type="checkbox"/> <i>11</i>	<input type="checkbox"/>
M. Variances (must be submitted to the State for approval)	<input checked="" type="checkbox"/> <i>11</i>	<input type="checkbox"/>
V. Sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV. Safety	<input type="checkbox"/>	<input type="checkbox"/>
VII. Encroachment and Access Existing Roads	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

ENERGY, MINERALS AND NATURAL RESOURCES DEPT.
01-521.05

No 59940

19 89

OFFICIAL RECEIPT
RECEIVED FROM

David Parker

Dec 11,

\$ *575.00*

CODE 804290 =

80345 =

80341 =

80424 =

CODE 804291 =

803451 =

80421 =

575.00

CODE

F.H.K.008

BY

Sam

DOLLARS

October 29, 1989

I, Joani Lee Parker, being of sound mind and body, hereby make this my last will and testament, Phoenix, Arizona.

I hereby revoke any previous wills or codicils, whether written or oral. (Note: the power of attorney signed by David Parker by me is excluded.)

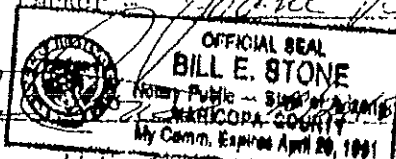
I officially name David Parker as executor of my will; a trusted longtime friend to manage my property until all the provisions are carried out. (There is no spouse or children, so there is no need for consent in that area.)

In case of my death, this will shall be carried out as stated in this document.

Signed, Joani Lee Parker

Witness:

Address:



Witness: ~~XXXXXXXX~~

Address:

I, Joani Lee Parker, will request this original document be carried out as I wish. It has been properly dated and witnessed.

Signed:

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT
Santa Fe, New Mexico 87503

GARREY CARRUTHERS
GOVERNOR

TOM BAHR
CABINET SECRETARY
ANITA LOCKWOOD
DEPUTY SECRETARY

October 14, 1988

CERTIFIED MAIL

Mr. David S. Parker
3001 W. Van Buren
Phoenix, Arizona 85009

Dear Mr. Parker:

As you are aware, your lease agreement for Block K, Lot 8, Hot Springs Landing at Elephant Butte Lake State Park expires on December 31, 1988. Before your lease is renewed, the current violations in the terms of the lease must be corrected:


1. Register or remove two trailers.
2. Register or remove boat with registration number NM 5897 AY.

You have ten days after receipt of this notice to inform the Division of your intent. If you choose to correct the violations, please give the exact time schedule for compliance. If the Division does not receive notice on which course you intend to pursue by October 28, 1988, the lease will not be renewed.

If the current violations are corrected in a satisfactory manner, Elephant Butte Park personnel will re-inspect the lot.

If you have any questions, please call Jo Ann Martinez at (505) 827-7809.

Sincerely,


Skeeter Paul
Director
State Park & Recreation Division

jn

cc: Tommy Mutz, Park Superintendent

VILLAGRA BUILDING - 408 Galisteo

Office of the Secretary
827-7836
Forestry Division
P.O. Box 2167 827-5830
Park and Recreation Division
P.O. Box 1147 827-7465

MARQUEZ BUILDING - 525 Camino de los Marquez

Office of the Deputy Secretary
827-5950
Administrative Services
827-5925
Energy Conservation & Management
827-5900
Mining and Minerals

LAND OFFICE BUILDING - 310 Old Santa Fe Trail

Oil Conservation Division
P.O. Box 2088 827-5800
CAMPUS STATION - Socorro, New Mexico 87801
State Mine Inspector
c/o New Mexico Tech 835 5460

LEASE LOT INSPECTION AND NOTICE OF VIOLATION

PARK Ereph Butte Lake S.P.
 DATE 09-28-88
 INSPECTED BY M. Bliss

LESSEE W. OS PARKER
 BLOCK K
 LOT # 8- HSL

	Satisfactory	Violation
I. Lot Boundaries		
A. Property Markers <i>NOT VISIBL</i>	<input type="checkbox"/>	<input type="checkbox"/>
B. Property Lines	<input type="checkbox"/>	<input type="checkbox"/>
C. Survey of Property	<input type="checkbox"/>	<input type="checkbox"/>
D. Survey Reports	<input type="checkbox"/>	<input type="checkbox"/>
E. Survey Results <i>UNKNOWN</i>	<input type="checkbox"/>	<input type="checkbox"/>
II. Lot Appearance and Upkeep		
A. Trash, Rubbish, Garbage Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Storage of Recreational Vehicles	<input type="checkbox"/>	<input checked="" type="checkbox"/> ①
C. Landscaping	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Equipment and Machinery Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Storage of Building Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Storage of Firewood	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Use of Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III. Lot Use		
A. Authorized Individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Commercial	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Rentals or Subleasing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Single Family Dwelling	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Non-Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Livestock and Poultry	<input type="checkbox"/>	<input type="checkbox"/>
IV. Improvements and Structures		
A. General (sound building designs, practices and all applicable codes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Cabin Size Limitations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Set Back Requirement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Drawings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Excavations - Grades - Erosion Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Code Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Lot Fences	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Structure Height Limitations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Skirting and Anchoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Utilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K. Construction Period	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L. Review of Construction Request	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M. Variances (must be submitted to the State for approval)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V. Sanitation		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV. Safety		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VII. Encroachment and Access Existing Roads		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS: White Trailer NOT CURRENTLY REGISTERED, ALSO

1 Yracuda Boat NM# 5897 AY EXPIRED REGISTRATION (87), ALSO
Boat Trailer NM# HNC-344 EXPIRED PLATE (NOV 86)

Leaseholder--White Copy, Santa Fe Office--Canary Copy, Posting on Lot-- Pink Copy
 Park Office--Goldenrod Copy

ENERGY, MINERALS AND NATURAL RESOURCES DEPT.
01-521.05

No 47602

OFFICIAL RECEIPT

RECEIVED FROM

3-21 19 88
David A. Parker \$ 575.00
Three Hundred Seventy Five DOLLARS
FOR Lease E.H.R. 008

CODE

CODE

80421

BY

PK

NEW MEXICO NATURAL RESOURCES DEPARTMENT

60-541

No 40177

OFFICIAL RECEIPT

1-6

1987

RECEIVED FROM

Ronald Parker

\$ 575⁰⁰

Five Hundred Seventy Five — DOLLARS

FOR

Peace

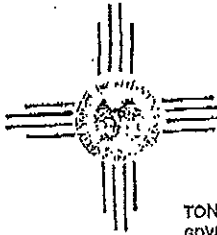
EKK 008

CODE

CODE

80434

BY J.R.



NEW MEXICO NATURAL RESOURCES DEPARTMENT

STATE PARK AND RECREATION DIVISION

141 E. DE VARGAS, P.O. BOX 1147, SANTA FE, NM 87504-1147 (505) 827-7465

TONEY ANAYA
GOVERNOR

LEO GRIEGO
SECRETARY OF
NATURAL RESOURCES

CARLOS MARTINEZ
DIRECTOR

June 11, 1986

Dear :

The Natural Resources Department has reached a negotiated settlement with the Leaseholder's Association. A rental adjustment appeared necessary for arbitration purposes. A rational method for adjusting the rent would be to adjust the appraised market value of the lots by taking 62.5% of the market value for those lots with rents of \$500 or more annually. This adjustment would act as a discount which defers the impact of the full rental charge, permitting a gradual implementation of rent charges. Therefore, your billing for 1986 will be reduced to .

If you have paid over this amount, your 1987 invoice will be reduced by the difference. If on the other hand, money is still owed on the 1986 bill, please pay the sum owed on the adjusted rate in accordance with the quarterly schedule sent on January 6, 1986. This plan has been approved by the Secretary and the Attorney General's Office. Enclosed is a statement showing the balance of your account. If you have any questions, please call Christina Montoya at (505) 827-7465.

Sincerely,

Carlos Martinez
Carlos Martinez
Director

jm

Enclosure

NATURAL RESOURCES DEPARTMENT

Work Order
No. EHK 008
Date: 6/02/86

STATE PARK AND RECREATION DIVISION

STATEMENT

TO: David S. Parker
P.O. Box 148
Elephant Butte, NM 87935

BLOCK: K
LOT: 8
AREA: Hot Springs Landing
PARK: Elephant Butte Lake State Park

DESCRIPTION	AMOUNT
ADJUSTED ANNUAL RENTAL FEE.....	\$575.00
WATER FEE.....	-0-
PAYMENT.....	\$461.00
REMAINING BALANCE.....	\$114.00

BALANCE DUE BY JUNE 30, 1986

MAKE REMITTANCE PAYABLE TO:

State Park and Recreation Division
P.O. Box 1147
Santa Fe, New Mexico 87503
ATTN: Jo Ann Martinez

NEW MEXICO NATURAL RESOURCES DEPARTMENT

60-541.0

33657

OFFICIAL RECEIPT

April 14

1986

RECEIVED FROM

David Parker

\$ 231.00

FOR

Two hundred thirty-one & 00/100 DOLLARS

Landless FHK

CODE

CODE

80999

BY

E m

NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

RESIDENTIAL LEASE LOT AGREEMENT

THIS RESIDENTIAL LEASE LOT AGREEMENT, is made between the NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT, PARK AND RECREATION DIVISION (EMNRD) and:

David S. and J. Lee Parker
3001 W. Van Buren
Phoenix, Arizona 85009

the RESIDENTIAL LESSEE.

WITNESSETH that in consideration of the rents and covenants herein specified, and the RESIDENTIAL leasehold regulations contained in Attachment A and regulations which may be promulgated in the future, it is hereby mutually agreed by the parties hereto as follows:

DESCRIPTION OF LAND LEASED. Subject to the conditions of this residential lease, EMNRD does hereby lease to the Lessee the following described land at Elephant Butte Reservoir: Block K, Lot 8, Hot Springs Landing, the PREMISES, containing 1/2 acres, more or less, with privileges and appurtenances, subject, however, to the exceptions and reservations set out herein and the regulations in Attachment A.

EXCEPTIONS AND RESERVATIONS. There are excepted and reserved from the residential lease of the premises described in the above paragraph the following:

- 1) All rights-of-way heretofore acquired or initiated for highways, railroads, irrigation works or any other purpose;

2) The right to take from said lands materials for the construction, operation and maintenance of any federal irrigation works now located on said lands or for which purpose it is reserved;

3) The right to care for any federal wildlife preserve which may include said lands;

4) The right to the officers, agents, employees, licensees, and permittees of the United States and EMNRD, at all proper times and places, freely to have ingress to, passage over, and egress from all said lands, for the purposes of exercising, enforcing and protecting the rights described in and reserved by this paragraph;

5) The right to regulate the water level of Elephant Butte Reservoir at will.

MISCELLANEOUS CONDITIONS. In the use of the leased Premises, the Residential Lessee shall faithfully observe each of the following conditions:

1) The State and Federal laws and regulations relating to fishing, protection of wildlife, and control of plant and animal pests;

2) Hunting and the shooting of firearms is prohibited upon the reservoir and within boundaries of the Reservoir Reserve except in areas which may be specifically declared open to hunting;

3) The regulations of the United States Fish and Wildlife Service relating to wildlife preserve shall be followed, if the Premises overlap a federal wildlife preserve on the premises;

4) Use and care of the leased residential premises shall conform to regulations made and published or posted by or under EMNRD or the Secretary of the Department of the Interior;

5) The Residential Lessee shall be permitted for the period of sixty (60) days after termination of the Residential Lease to remove structures placed upon the land by said Residential Lessee, if such removal is made without material damage to the Premises;

6) Operation of boats on the reservoir shall be subject to regulations made and published or posted under authority of the New Mexico Boat Act and applicable federal laws.

TERM OF LEASE. This Residential Lease shall not become effective until approved by the New Mexico EMNRD, or successor procedure and shall expire December 31, 1993, unless sooner terminated as provided in paragraph below.

RESIDENTIAL RENTALS. The Residential Lessee shall pay EMNRD rental charges for the Premises above described, as follows:

The sum of Five Hundred and Seventy Five Dollars (\$575.00) within fifteen (15) days after the effective date hereof and before December 31, 1989 annually thereafter during the term of the Residential Lease; provided that the annual rental rate is not changed by written amendment hereto as prescribed by EMNRD.

TERMINATION OF LEASE. This Residential Lease shall terminate:

- 1) At the term as provided in Term of Lease; or
- 2) Upon failure of the Residential Lessee to pay in full annual rental installment on or before March 31 of such year for the immediately following year, as provided in Residential Rental; or
- 3) After failure of the Residential Lessee to observe any of the conditions of Exceptions and Reservations through Miscellaneous Conditions, or the regulations in Attachment A. Following expiration of the time period provided in the written notice of termination, and failure of the

Residential Lessee to cure any breach hereof within thirty (30) days thereafter, this Residential Lease shall terminate, and all rights of the Residential Lessee hereunder shall cease. The Residential Lessee shall quietly and peaceably deliver to EMNRD possession of the Premises. Notice provided in this paragraph shall be served at least ten (10) days prior to commencement of the thirty (30) day period for corrective action by registered or certified letter containing notice and the nature of the violation and by posting on the Premises in a conspicuous place a notice containing the same information.

NON-DISCRIMINATION CLAUSE. EMNRD acting on its own behalf and as the agent of the State of New Mexico, together with the Residential Lessee herein, mutually covenant and agree to comply with all provisions of Executive Order No. 10925, dated March 6, 1961, as amended, and the rules and regulations and relevant orders of the President's Committee on Equal Opportunity created thereby, and to any further amendments, changes or superseding orders.

ASSIGNMENT OF LEASE. Neither this Residential Lease nor any interest therein shall be assigned. However, a leasehold may be transferred after submission of a ten dollar (\$10.00) transfer fee and written approval from EMNRD. Upon such transfer, the new Residential Lessee shall enter into a new Residential Lease agreement EMNRD.

AMENDMENT. This Residential Lease shall not be changed except by written amendment hereto executed by the parties and approved by the Secretary of EMNRD or by successor procedure.

COVENANT AGAINST CONTINGENT FEES. Residential Lessee warrants that no person or agency has been employed or retained to solicit or secure

this Residential Lease upon agreement or understanding for a commission, percentage, brokerage or contingent fee, excepting bona fide employees or bona fide established commercial agencies hired by the Residential Lessee for the purpose of securing business. For breach or violation of this warranty, EMNRD shall have the right to annul this contract without liability or in its discretion to require the Residential Lessee to pay, in addition to the stated rentals, the full amount of such commission, percentage, brokerage or contingent fee.

OFFICIALS NOT TO BENEFIT. No member of or Delegate to Congress nor employee of EMNRD shall be admitted to any share or part of this contract or to any benefit that may arise herefrom, but this restriction shall not be construed to extend to this contract if made with a corporation or any company for its general benefit.

SUCCESSORS IN INTEREST OBLIGATED. The provisions of this Residential Lease shall apply to and bind the assigns of EMNRD and the heirs, executors, administrators and assigns of the Residential Lessee.

APPLICABLE LAW. This Residential Lease shall be governed by the laws of the State of New Mexico.

SCOPE OF AGREEMENT. This Residential Lease and attached regulations incorporate all the agreements, covenants or understandings between the parties concerning the subject matter hereof, and all such covenants or understandings have been merged into this written agreement. No prior agreement or understanding, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

IN WITNESS WHEREOF, the parties have hereunto subscribed their names.

NEW MEXICO ENERGY, MINERALS AND
NATURAL RESOURCES DEPARTMENT

By: Shenton Paul
70 Secretary

Date: 1/25/89

By: Don S. Pl
Lessee

By: Joani Lee Parker by P.O.A.
Lessee HEP

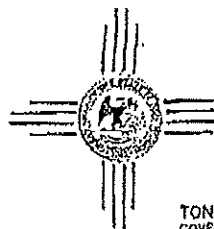
3001 W. VAN BUREN
PHOENIX, AZ. 85009
Address

272-9123
Phone

JAN. 18, 1989
Date

STATE PARK LEASE
DAVID S. AND J. LEE PARKER

JANUARY 16, 1984



NEW MEXICO NATURAL RESOURCES DEPARTMENT

STATE PARK AND RECREATION DIVISION

141 E. DE VARGAS, P.O. BOX 1147, SANTA FE, NM 87504-1147 (505) 827-7465

TONY ANAYA
GOVERNOR

BRANT CALKIN
SECRETARY
OF NATURAL RESOURCES

MARK K. SIDERIS
DIRECTOR

January 12, 1984

Mr. David S. Parker
P.O. Box 148
Elephant Butte, NM 87935

Dear Mr. Parker:

Enclosed are two copies of the Lease Agreement for Block K, Lot 8, Hot Springs Landing, at Elephant Butte Lake State Park which is being transferred to you by Mr. Fred Glover.

Please sign both copies of the lease and return to this office. When the lease has been executed, we will return one copy for your records.

If you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,

Christy Montoya
Administrative Assistant

CM/pam

NEW MEXICO NATURAL RESOURCES DEPARTMENT
60-5410 Nº 26363

Dec. 28 1983

OFFICIAL RECEIPT
 RECEIVED FROM David Parker & Lee Parker \$ 10.00
Ten & 00/100 DOLLARS

FOR EHK008 - Transfer Fee

CODE _____ CODE _____
 CODE 80421 CODE _____ BY W

NEW MEXICO NATURAL RESOURCES DEPARTMENT
60-541 Nº 26592

Jan. 16 1984

OFFICIAL RECEIPT
 RECEIVED FROM David Parker \$ 200.00
Two Hundred and 00/100 DOLLARS

FOR EHK008

CODE _____ CODE _____
 CODE 80421 CODE _____ BY DM

NEW MEXICO NATURAL RESOURCES DEPARTMENT
60-5410 Nº 29283

Dec. 28 1984

OFFICIAL RECEIPT
 RECEIVED FROM David Parker \$ 200.00
Two Hundred & 00/100 DOLLARS

FOR EHK008 - Annual Lease '85

CODE _____
 CODE 80421 BY DV

STATEMENT

PAYER: David L. Parker
P. O. Box 148
Elephant Butte, NM 87935

DATE	DESCRIPTION	AMOUNT
1-1-84	ANNUAL RENTAL FEE.....	<u>\$200.00</u>
	WATER FEE.....	<u> </u>
	GARBAGE FEE.....	<u> </u>
	OTHER.....	<u> </u>
		<u> </u>
	BLOCK <u> K </u>	
	LOT # <u> 8 </u>	
	AREA <u> Hot Springs Landing </u>	
	PARK <u> Elephant Butte Lake State Park </u>	
	FOR THE PERIOD <u> January 1, 1984 </u>	
TO <u> December 31, 1984 </u>		
	TOTAL AMOUNT DUE THIS BILL.....	<u>\$200.00</u>
<p>MAKE REMITTANCE PAYABLE TO:</p> <p style="margin-left: 40px;">PARK AND RECREATION DIVISION</p> <p style="margin-left: 40px;">P.O. BOX 1147</p> <p style="margin-left: 40px;">SANTA FE, NEW MEXICO 87503</p>		

(HK008)

NEW MEXICO NATURAL RESOURCES DEPARTMENT
PARK AND RECREATION DIVISION
P. O. Box 1347
SANTA FE, NEW MEXICO 87501

APPLICATION FOR TRANSFER OF LEASE

PARK Elephant Butte Lake State DATE: _____
AREA: Hot Springs Landing EFFECTIVE DATE: _____
BLOCK: K LOT: # 8 FEE: \$10.00

TO BE TRANSFERRED FROM:

NAME(S): Fred J. Glover
CURRENT ADDRESS: P.O. Box 397, Elephant Butte, N.M. 87935
PHONE NUMBER: (505) 744 5784
SIGNATURE OF LEASEHOLDER(S) Fred J. Glover
DATE: 10-21-83

TO BE TRANSFERRED TO:

NAME(S): David S. and J. Lee Parker
ADDRESS: P.O. Box 148, Elephant Butte, New Mexico 87935
PHONE NUMBER: (602) 788 2244
SIGNATURE OF TRANSFEREE(S) David S. Parker
J. Lee Parker DATE: 10/21/83

APPROVED BY:

Mark L. Hill
DIVISION DIRECTOR

DATE: 12-27-83

FOR NRD USE ONLY

CHANGES:

FEES:

CARD: _____

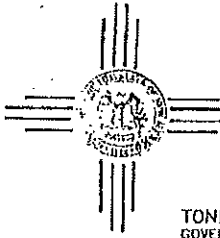
ANNUAL: _____

FILE: _____

TRANSFER: _____

LIST: _____

2/7/83



NEW MEXICO NATURAL RESOURCES DEPARTMENT

STATE PARK AND RECREATION DIVISION

141 E. DE VARGAS, P.O. BOX 1147, SANTA FE, NM 87504-1147 (505) 827-7465

TONY ANAYA
GOVERNOR

BRANT CALKIN
SECRETARY
OF NATURAL RESOURCES

MARK K. SIDERIS
DIRECTOR

December 26, 1983

David S. Parker
P.O. Box 148
Elephant Butte, New Mexico 87935

RE: Re-Construction Approval for
Lot 8, Block K, Hot Springs Landing

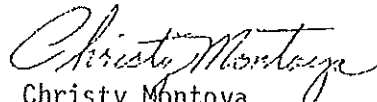
Dear Mr. Parker:

I am pleased to inform you that we have approved your request for improvements on Lot 8, Block K, Elephant Butte (Hot Springs Landing) State Park.

Approval is granted provided that you follow the provisions of the lease agreement and that you acquire the necessary permits from the appropriate State agencies.

If you have any questions, please don't hesitate to contact me.

Sincerely,


Christy Montoya
Assistant Administrator

CM/rs

cc: Mike Maddox ✓

December 21, 1983

MEMORANDUM

TO: Christy Montoya, Administrative Assistant
FROM: Loren Ludvigson, Manager
VIA: Mike Maddox, Superintendent
SUBJECT: Re-construction Request

Wes Green and I have checked on Mr. Parker's request to put a chain link fence around the property lines of Lot 8, Block K, Hot Springs Landing. We approved the request. I advised Mr. Parker that he would be receiving formal approval from your office and that when he did he could begin construction.

LL:mr



NEW MEXICO NATURAL RESOURCES DEPARTMENT

STATE PARK AND RECREATION DIVISION

141 E. DE VARGAS, P.O. BOX 1142, SANTA FE, NM 87504 1142 (505) 827 7465

TONEY ANAYA
GOVERNOR

BRANT CALKIN
SECRETARY
OF NATURAL RESOURCES

MARK K. SIDERIS
DIRECTOR

December 16, 1983

MEMORANDUM

TO: Mike Maddox, Park Superintendent
Elephant Butte Lake State Park

FROM: Christy Montoya, Administrative Assistant *cm*

SUBJECT: Re-construction Request

Enclosed you will find a request to install a chain link fence on Block K, Lot 8, Hot Springs Landing, at Elephant Butte Lake State Park.

Would you please get together with Wes Green and see if the proposal meets with your approval. Let me know the results of your inspection so I can notify David S. Parker.

cm

Attachment

cc: Mr. David S. Parker

Nov. 9, 1983

To:

NEW MEXICO NATURAL RESOURCES
& PARKS AND RECREATION DEPT.

I WOULD LIKE TO GET PERMISSION TO BUILD A
5 FT HIGH, CHAIN LINK FENCE AROUND THE PROPERTY
LINES OF MY LEASE LOT, LOCATED IN LOT 8, BLOCK K,
HOT SPRINGS LANDING AT ELEPHANT BUTTE LAKE.

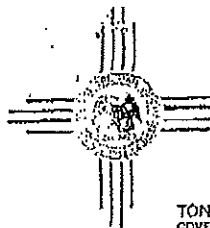
I HAVE DISCUSSED IT WITH MY NEIGHBORS AND THERE
IS NO CONFLICT. THE FENCE WILL BE INSTALLED BY
PESTAK FENCE CO., A N.M. LICENSED CONTRACTOR, AND IT
WILL HAVE A 16 FT. GATE LOCATED ON THE FRONT OF THE
PROPERTY.

I ALSO WOULD LIKE PERMISSION TO HAVE SEVERAL
LOADS OF GRAVEL SPREAD ON THE LOT TO CONTROL SOIL
EROSION.

Thank you.

David S. Parker

DAVID S. PARKER
P.O. BOX 148
ELEPHANT BUTTE N.M.
87935



NEW MEXICO NATURAL RESOURCES DEPARTMENT

STATE PARK AND RECREATION DIVISION

141 E. DE VARGAS, P.O. BOX 1147, SANTA FE, NM 87504-1147 (505) 827-7465

TONEY ANAYA
GOVERNOR

BRANT CALKIN
SECRETARY
OF NATURAL RESOURCES

MARK K. SIDERIS
DIRECTOR

November 23, 1983

Dear Elephant Butte or Caballo Leaseholder:

SUBJECT: IMPORTANT CHANGES
FOR YOUR INFORMATION
AND RECORD

As we quickly approach the end of your current leasing year, I need to bring you up-to-date with some important information which I believe will have a positive impact upon the lease areas at both Elephant Butte and Caballo Lakes and the parks as a whole.

First of all, following some internal reorganization of our upper level management staff, a new person has been assigned the responsibility of overseeing lease lot activities. Mrs. Christina Montoya will now be the key person for you to contact when you need any information regarding your lease lot or if you would like to make improvements. Mrs. Montoya has worked with the State Park Division for many years, the last five of which as my Administrative Secretary. I know that you will find her to be most cooperative and efficient. She has already taken steps to improve the efficiency of our role as "landlord" by getting all our lease lot card files on a computer. This single step alone should go a long way toward speeding up our ability to work with you when the need arises, and I believe it indicates the type of attitude she has about her new responsibility.

Secondly, an item which has been discussed frequently over the years, an increase in your lease fee is about to take effect. As allowed under the terms and conditions of our lease agreement, lease fees will be increased from \$100 per year to \$200 per year effective on the current payment due date. You may recall that the last time I communicated with you regarding the subject of a lease fee increase (during the public hearings which were held in 1982), I indicated that we had no immediate plans to increase the fees. Shortly after that statement was made, some very dismal financial forecasting began to reach our state leaders, and it became obvious that the State Statutes which directs the State Park and Recreation Division to be as self-supporting as possible would have to be more closely adhered to. In the fall of 1982 at a Legislative Finance Committee budget hearing and again at various hearings during the general session of the State Legislature in 1983, we were directed to seek all possible opportunities to generate more revenue for our Division, and specific mention was made of an increase in lease lot fees. In fact, many legislators were recommending increases far in excess of the increase that we are now placing into effect. In response to their directives, we are initiating the current increase.

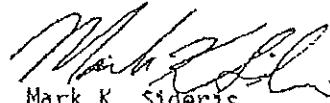
Elephant Butte or Caballo Leaseholder
November 23, 1983
Page 2

Also at this time, I would like to make you aware of the possibility that your lease fee will be increased further at some point in the future, but no sooner than your lease renewal date. We do not want or intend to over-charge anyone for their use of their lease lot, but at the same time, we must keep the interests of the taxpayers in general in mind. Therefore, in 1984, we will be contracting with a professional appraiser who will give us the fair market rental value of the land which you occupy. The appraisal will take the disadvantages of lease lot occupancy into consideration as well as the advantages, and it will pertain only to the land itself, not any improvements which you have made to it. It will also be broken down by neighborhood so that a leaseholder in a less desirable site will not be assessed the same lease fee as a leaseholder in a more desirable site. Again, I would like to emphasize the points that the appraisal of rental value will pertain only to the land and not your improvements and no further increase will take effect until your next lease renewal period, at the earliest. We will, however, let you know what that rate will be as soon as the information is available to us.

Thirdly and finally, you will find attached new leasehold regulations which will substitute for the existing "Attachment A" to your current lease and which have been adopted following the series of public meetings which were held in cooperation with the Bureau of Reclamation in 1981 and 1982. These new regulations reflect the public input received at the hearings, and I hope you will agree provide a simple, straight forward, easy to understand set of regulations that we can all comfortably live with. They will take effect immediately, and of course, we will expect all new construction or development on the lease lots to be in compliance.

If you have any questions about any of the information contained within this correspondence, please feel free to contact Mrs. Montoya or if necessary to contact me personally at 827-7465 or P. O. Box 1147, Santa Fe, New Mexico 87504-1147.

Sincerely,


Mark K. Sideris
Director

cm

NEW MEXICO STATE PARK & RECREATION DIVISION
LEASE AGREEMENT

THIS LEASE AGREEMENT, made January 1, 1984 between the NEW MEXICO NATURAL RESOURCES DEPARTMENT, PARK AND RECREATION DIVISION, hereinafter called the "Division" and:

DAVID S. and J. LEE PARKER

P.O. Box 148

Elephant Butte, NM 87935

hereinafter called the "Lessee".

2. WITNESSETH that in consideration of the rents and covenants herein specified, and the leasehold regulations contained in Attachment A and regulations which may be promulgated in the future, it is hereby mutually agreed by the parties hereto as follows:

3. DESCRIPTION OF LAND LEASED. Subject to the conditions of this lease, the Division does hereby lease to the lessee the following described land at Elephant Butte Reservoir Area: Hot Springs Landing, Block K, Lot 8, containing $\frac{1}{2}$ acres, more or less, with privileges and appurtenances, subject, however, to the exceptions and reservations set out in the succeeding articles and regulations in Attachment A.

4. EXCEPTIONS AND RESERVATIONS. There are excepted and reserved from the lease of the premises described in Article 3, the following:

- a) All rights-of-way heretofore acquired or initiated for highways, railroads, irrigation works or any other purpose;
- b) The right to take from said lands materials for the construction, operation and maintenance of any Federal irrigation works now located on said lands or for which purpose it is being reserved;

- c) The right to care for any Federal wildlife preserve which may include said lands;
- d) The right to the officers, agents, employees, licensees, and permittees of the United States and the New Mexico Park and Recreation Division, at all proper times and places, freely to have ingress to, passage over, and egress from all said lands, for the purposes of exercising, enforcing and protecting the rights described in and reserved by this Article;
- e) The right to regulate the water level of Elephant Butte Reservoir at will.

5. MISCELLANEOUS CONDITIONS. In the use of the leased premises, the lessee shall faithfully observe each of the following conditions:

- a) The State and Federal laws and regulations relating to fishing, protection of wildlife, and control of plant and animal pests;
- b) Hunting and the shooting of firearms is prohibited upon the reservoir or within boundaries of the Reservoir Reserve except in areas which may be specifically declared as being open to huntings;
- c) The regulations of the United States Fish and wildlife Service relating to wildlife preserve shall be followed, if there is a Federal Wildlife preserve on the premises;
- d) Use and care of the leased premises shall conform to regulations made and published or posted by or under authority of the Division or the Secretary of the Department of the Interior;
- e) The Lessee will be permitted for the period of sixty (60) days after termination of the lease to remove structures placed upon the land by the Lessee, if such removal is made without material damage to the leased premises;
- f) Operation of boats on the reservoir shall be subject to regulations made and published or posted by or under the authority of the Division and

provisions of the New Mexico Boat Act and/or Federal Laws.

6. TERM OF LEASE. Compliance with conditions prevailing, the lease of the premises shall be for the period from January 1, 1984 to December 31, 1988, inclusive, unless sooner terminated as provided in Article 8 of this Lease Agreement. Lessee has the option for an additional five year lease.

7. TERM OF LEASE. The Lessee shall pay the Division rental charges for the premises above described, as follow:

The sum of Two Hundred dollars (\$200.00) on the date hereof for the period beginning when this lease becomes effective, and ending 12-31-84, and like sum annually on December 31 thereafter during the term of the lease; provided that the annual rental rate may be changed as prescribed by the Lessor.

8. TERMINATION OF LEASE. This lease shall terminate:

- a) At the term as provided in Article 6; or
- b) Upon failure of the Lessee to pay in full amount rental installment on or before March 31 of such year for the immediately following year, as provided in Article 7; or
- c) After failure of the Lessee to observe any of the conditions of Articles 4 through 5, or the regulations in Attachment A. Following expiration of the time period provided in the written notice of termination served on the Lessee because of failure to correct such conditions, this lease shall terminate, and all rights of the Lessee hereunder shall cease. The Lessee shall quietly and peaceably deliver to the Division possession of the leased premises. Notice provided in this Article shall be served at least ten (10) days prior to initiating enforcement or corrective action by registered or certified letter containing notice and the nature of the violation, and by posting on the leasehold in a conspicuous place a notice containing the same information.

9. NON-DISCRIMINATION CLAUSE. The New Mexico Park and Recreation Division acting on its own behalf and as the agent of the State of New Mexico, together with the Lessee herein, mutually covenant and agree to comply with all provisions of Executive Order No. 10925, dated March 6, 1961, as amended, and the rules and regulations and relevant orders of the President's Committee on Equal Opportunity created thereby, and to any further amendments, changes or superseding orders.

10. ASSIGNMENT OF LEASE. Neither this lease nor any interest therein shall be assigned. However, a leasehold may be transferred after submission of a \$10.00 transfer fee and written approval of the Division. Upon such transfer, the new Lessee shall enter into a new lease agreement with the Division.

11. COVENANT AGAINST CONTINGENT FEES. Lessee warrants that no person or agency has been employed or retained to solicit or secure this contract upon agreement or understanding for a commission, percentage, brokerage or contingent fee, excepting bona fide employees or bona fide established commercial agencies maintained by the Lessee for the purpose of securing business. For breach or violation of this warranty, the Division shall have the right to annul this contract without liability or in its discretion to require the Lessee to pay, in addition to the contract price or consideration, the full amount of such commission, percentage, brokerage or contingent fee.

12. OFFICIALS NOT TO BENEFIT. No member of or Delegate to Congress or Resident Commissioner shall be admitted to any share or part of this contract or to any benefit that may arise herefrom, but this restriction shall not be construed to extend to this contract if made with a corporation or any company for its general benefit.

13. SUCCESSORS IN INTEREST OBLIGATED. The provisions of this lease shall apply to and bind the assigns of the Division and the heirs, executors, administrators and assigns of the Lessee.

14. APPLICABLE LAW. This agreement shall be governed by the laws of the State of New Mexico.

15. SCOPE OF AGREEMENT. This agreement and attached regulations incorporate all the agreements, covenants or understandings between the parties concerning the subject matter hereof, and all such covenants or understandings have been merged into this written agreement. No prior agreement or understanding, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

IN WITNESS WHEREOF, the parties have hereunto subscribed their names as of the date first above written.

NEW MEXICO NATURAL RESOURCES DEPARTMENT
PARK AND RECREATION DIVISION

By: Mark Hill

Director

By: [Signature]

(Lessee)

By: J. Lee Parker

(Lessee)

Date: 1-16-84

P.O. Box 148

Elephant Butte, NM 87935

(Address)

(Phone)

ATTACHMENT #5

**COPY OF NM STATE POLICE EVIDENCE OF RECEIPT FORM ON
TWO SET OF KEYS**

EVIDENCE ITEM A & B
(03-22-99)

NEW MEXICO STATE POLICE RECEIPT FOR PROPERTY OR EVIDENCE

NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED

ADDRESS (Include Zip Code)



DAVID RAY

513 Bass Road

Elephant Butte NM

LOCATION WHERE PROPERTY WAS OBTAINED

From DAVID RAY

PURPOSE FOR WHICH OBTAINED

Evidence

LOCATION WHERE PROPERTY WILL BE STORED

NMSP TUC NM

ITEM NR	QUANTITY	DESCRIPTION OF ARTICLES (include model, serial Nr, identifying marks, condition, and value)
A	15	Lock Keys - different sizes & make
B	8	Lock & Ignition Key (to 1996 Chevrolet Service Truck) NM G-2403 - State Park

I CERTIFY THAT I HAVE RECEIVED AND HOLD MYSELF RESPONSIBLE FOR THE ARTICLES LISTED.

DATE & TIME REC'D

TYPED NAME

SIGNATURE

CHAIN OF CUSTODY

[illegible]

ATTACHMENT #6

COPY OF BORDER PATROL AGENT ROBERT F. JOHNSTON STATEMENT



U.S. Department of Justice
Immigration and Naturalization Service

U.S. Border Patrol Truth or Consequences Station
PO Box 72
Truth or Consequences, New Mexico 87901

March 23, 1999

MEMOR

FROM:

SUBJECT:

Bob JOHNSON
Home 744-5843
office 744-5235
6046

On 03/22/99, I was on routine patrol on I-25 near Truth or Consequences, NM. At around 1500 hrs Central Dispatch reported a 911 hangup from Bass road at Elephant Butte NM. Central Dispatch had called the residence back to see if there was an emergency. Central Dispatch said the person they spoke with said there wasn't an emergency and the 911 call was a mistake. Central Dispatch radioed Deputy Sheriff Bowidowitz and asked him to go to the residence because the woman on the phone acted very strange and was possibly in danger. Central Dispatch called back minutes later and reported a naked woman with a rope around her neck running down Bass road in the same vicinity as the 911 call.

I was nearby so I drove to the area to backup Deputy Bowidowitz who was responding alone. I met with the Deputy on Hot Springs Landing. Central Dispatch called back and reported a rape victim was at a residence on Hot Springs road. We drove to the residence and found a naked woman with a collar and chain around her neck. She was covered with bruises, scratches and blood. The woman identified herself as Cindy Vigil from Albuquerque, NM.

Ms. Vigil reported that a man and woman had kidnapped her from Albuquerque three or four days prior. They transported her to Elephant Butte NM, where they lived. She didn't know the address or what the house looked like because she had been chained up inside the house and was not allowed outside or look out of the windows. Ms. Vigil reported she had been repeatedly

raped, sodomized, and tortured for several days. She reported that the couple had forced her to make sexual videotapes. She stated that the man, known to her as Dave, would kill her for escaping. She stated that "Dave" was a police officer at Elephant Butte Lake State Park. Ms. Vigil stated that she had pulled the chain free and called 911. The woman caught her and they started fighting. Ms. Vigil said she struck the woman with a heavy object on the head and fled the house.

Deputy Bowidowitz requested me to transport Ms. Vigil to Sierra Vista Hospital because I was driving a sedan and he was driving a single seat pickup. Deputy Bowidowitz needed to secure the house from which Ms. Vigil had escaped. Deputy Lumas arrived without a vehicle so I requested him to accompany me during the transport to the Hospital.

Upon returning from the Hospital I learned that Officers had arrested the couple living at the house. They were identified as Dave Ray Parker and Cindy Hendy. Investigation by New Mexico State Police continues.

ATTACHMENT #7

**COPY OF NM MOTOR VEHICLE DIVISION INQUIRY ON
NM G211403**

03/25/1999 16:06 (5058941401
Thu Mar 25 15:50:41 1999

SCRDA

PAGE 01



** NO MORE RECORDS - END RESPONSE

03-25-99 16:08

RECEIVED FROM:5058941401

P.01

State Parks Service Vehicle.

Assigned to : DAVID P. Ray

ATTACHMENT #8

COPY OF DEPUTY PETER BOWIDOWICZ STATEMENT

STATE OF NEW MEXICO SUPPLEMENTAL REPORT		ORIGINAL OFFENSE DATE 3/22/99	SUPP. DATE 3/23/99	CASE NO.	PAGE 3 OF 3
ORIGINAL OFFENSE REPORTED CSP		ORIGINAL VICTIM'S NAME (LAST, FIRST, MIDDLE) Cynthia Vigil			DATE OF BIRTH 9/17/99
LOCATION OF OCCURRENCE Hot Springs Landing					
Patricia Mayzella Horne SSN: [REDACTED] phone # (505) 294-8274 12236 Cordova NE she witness vigil running naked Albuquerque, New Mexico in her green car.					
Doris Mitchell Home, Redacted 3016 Daisy she Social El Paso, Texas she witness at Hot Springs; Ran Ad. trail sent to his vehicle.					
<p>At 1710 hours while I was securing the scene Ranger D. Gase and Langford brought a coke and crackers to my location for refreshments. They did not enter the crime scene after it was secured.</p> <p>At 1815 hours Sierra 13 Deputy Beard arrived at the scene as my relief. I briefed him of the situation and I walked him around the perimeter advising him of points of limited visibility and key areas of concern. I departed the crime scene at 1930 hours. The only persons who entered the trailer for the purpose of clearing and safety were:</p> <p>Ranger Chris D. Gase NM State Parks Ranger Mich Langford NM State Parks Deputy David Elston Sierra County Sheriff's Ofc. Sheriff Terry Byers Sierra County Sheriff's Ofc. Security Deputy Peter Brindley Sierra County Sheriff's Ofc.</p>					
STATUS	REPORTING OFFICER (PRINT) BOWDOWICZ	RANK Deputy #11	I.D. NO. #11	DATE 3/22/99	DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO
	ASSISTING OFFICER (PRINT)	RANK	I.D. NO.	DATE	PROCESSED BY
	APPROVING OFFICER (PRINT)	RANK	I.D. NO.	DATE	DATA ENTRY PERSON
	AGENCY OPTIONAL USE (DISTRIBUTION) OTHER OFFICERS, ETC.) [Signature]				INCIDENT STATUS ACTIVE <input type="checkbox"/> INAC <input type="checkbox"/> CLOSED <input type="checkbox"/> U.P. <input type="checkbox"/> C.L.A. <input type="checkbox"/> C.L.E. <input type="checkbox"/>
	CASES CLEARED BY THIS ARREST CASE NO.				CASE NO. REV. 3/94

STATE OF NEW MEX SUPPLEMENTAL REP	ORIGINAL OFFENSE DATE 3/22/99	SUPP DATE 3/23/99	CASE NO.	PAGE 2	OF 3
ORIGINAL OFFENSE REPORTED CSP	ORIGINAL VICTIM'S NAME (LAST, FIRST, MIDDLE) Cynthia Vigil			DATE OF BIRTH 9/15/77	

LOCATION OF OCCURRENCE
HOT Springs Landing

in the backseat of the unit. The chains around her neck appeared to be metal with chain dangling and a padlock. When asked her name she stated Cynthia Vigil of Albuquerque with a DOB of 9/15/77. I told Mr. Vigil that Deputy Gallaway and Agent Johnston would take her to Sierra Vista Hospital. She told me that she was held captive at a mobile home with bonds. I directed the two officers to take her to the hospital and I heard that Deputy Elston, Canyon De Las: Langford was at 513 Bass Rd. I was very familiar with this residence as I served subpoenas to Cindy Hendy at this location. I arrived at the residence around 1600 hours and saw Mr. Elston in a defensive posture. I then heard "Coming out" and saw Langford and Elston exit the trailer from the front door, and Sheriff Byers was visible also. Once the residence was secured I entered the front door and noticed shackles in the front room and stated we should visit the residence. As a group we felt it would be more advantageous to have Stat Police investigate because of our limited resources. Sheriff Byers stated to contact SP for the investigation team and we then began to secure the scene.

At 1620 hours I secured the scene as the others departed & look for David Ray the occupant. I then talked to two persons who witnessed Mr. Vigil running naked in the area. These witnesses are as follows:

STATUS	REPORTING OFFICER (PRINT) BOWIDOWICZ	RANK Deputy	I.D. NO. #11	DATE 3/23/99	DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO	I.D. NO.	DATE							
	ASSISTING OFFICER (PRINT)	RANK	I.D. NO.	DATE	PROCESSED BY	DATE	DATA ENTRY PERSON							
	APPROVING OFFICER (PRINT)	RANK	I.D. NO.	DATE	INCIDENT STATUS									
	AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)				CASES CLEARED BY THIS ARREST									
					ACTIVE	INACT	CLOSED	U.F.	CL.A.	CLE	EXCEPT CODE	EXEMPTED FROM COOPERATIVE INVESTIGATION	EXEMPTED FROM COOPERATIVE INVESTIGATION	DATE
					CASE NO.			CASE NO.			CASE NO.			REV. 3/94

STATE OF NEW MEXICO SUPPLEMENTAL REPORT		SUPP. DATE 3/23/99	INCIDENT NO.	PAGE 1 OF 3
ORIGINAL OFFENSE REPORTED CSP	ORIGINAL VICTIM'S NAME (LAST, FIRST, MIDDLE) Cynthia Vigil		DATE OF BIRTH 9/15/77	

While on duty returning to my home I heard a 911 call on my radio, of a potential rape victim in the area of Hot Springs landing. I was traveling north on Rte 195 and activated my emergency equipment and proceeded north. I arrived at the corner of Hot Springs and Ridge Road where I encountered a green car and talked briefly to the occupant, later identified as Patricia Mazzella Horne. She stated a naked woman tried to enter her car and was running down the road. I proceeded down Hot Springs Rd to Trent Rd looking for the person. I then looped around the back up Hot Springs and located a man, later identified as Mr. Bruch. He stated "the woman is inside with my wife." I drove my unit to the Bruch residence and my back-up was Deputy Alvarez and U.S. Border Patrol Agent Bob Johnston.

I arrived at the front of the residence and a woman clothed in a Pink Robe, no shoes and metal manacles around her neck came outside hysterical. There was blood blood around her face and hands, and fresh blood on her hands. She kept stating that "I love you, I love free," and "they raped me, they raped me." I asked what happened and she said "I'm alive, I'm alive, you I'm alive," and "they hurt me." I asked her where she came from, but she stated, "I don't know where I'm at." I asked her where she goes to live, "I live in Albuquerque." She appeared to be very confused but stated that a man did this and they held her hostage. He stated "I want to go home." I told her we were going to help her and take her to the hospital. I told her we were going to help her and take her to the hospital. she appeared to feel relaxed around Deputy Alvarez. At this point we escorted her to Agent Johnston's unit and she sat down.

STATUS	REPORTING OFFICER Browndowicz	I.D. NO. #11	DATE 3/22/99	DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO		I.D. NO.	DATE				
	ASSISTING OFFICER	I.D. NO.	DATE	PROCESSED BY	DATE	DATA ENTRY PERSON	DATE				
	APPROVING OFFICER	I.D. NO.	DATE	STATUS		EXCEPT CODE	WARRANT ISSUED				
	AGENCY OPTIONAL USE (DISPATCH, OTHER OFFICERS, ETC.)			ACT	INJ	CLOSE	UNF	CASE CLEAR	HOW CLEAR	EXCEPT CODE	WARRANT DATE

ATTACHMENT #9

COPY OF DEPUTY DAVID ELSTON STATEMENT

OCCURRENCE DATE(S) ON OR BETWEEN MM/DD/YY				DATE REPORTED MM/DD/YY 03-22-99		STATE OF NEW MEXICO UNIFORM INCIDENT REPORT				ORI NO. NMNSP0800		INCIDENT NO. 0170-99		PAGE 1		OF 3								
MM/DD/YY				MM/DD/YY		AGENCY/COUNTY NMSP / Dona Ana				DISTRICT NO. 8		OPTIONAL USE (CASE NO. ETC.)				burglary N/A		no units ent.						
TIME 1530		DAY OF WEEK Su		TIME Mo		ADDRESS / LOCATION OF INCIDENT 513 BASS RD.				CITY ELEPHANT BUTTE		ZIP 87935		gang rel. N/A		hate/bias not Code N/A								
OFFENSE	ADDC ON SUPP		OFFENSE / INCIDENT				STATUTE OR ORDINANCE		FEL. MISC.		ATTEN. FID.		COMP. FID.		OCR. OFFENSE CODE		CRIMINAL ACTIVITY CODE		LOCAL CODE		WEAPON CODE		OFFENSE (SUSPECTED / UNK.)	
			1 ASSIST OTHER AGENCY						F				X		90Z				20		95		X	
			2																					
			3																					
SUBJECT	ADDC ON SUPP		PERSON CODES V-VICTIM C-CITED S-SUSPECT A-ARRESTED G-PARENT/GUARDIAN W-WITNESS I-INTERVIEWED O-OTHER R-REPORTING PERSON C-DECEASED M-MISSING/RUNAWAY				TYPE CODES F-FINANCIAL INST. R-RELIGIOUS INDIVIDUAL P-POLICE O-OTHER S-SOCIETY/PUB. B-BUSINESS G-GOVERNMENT U-UNKNOWN				INJURY CODES L-SEVERE LACERATION T-LOSS OF TEETH D-APPARENT BROKEN BONE M-APPARENT MAJOR INJURY U-UNCONSCIOUSNESS I-POSSIBLE INTERNAL INJURY O-OTHER MAJOR INJURY N-NONE													
	PERSON CODE S		TYPE CODE I		INJURY CODE N		I-NAME (LAST, FIRST, MIDDLE) RAY DAVID PARKER				SOCIAL SECURITY NO. [REDACTED]				DOB [REDACTED] 39		AGE (RANGE) 59		SEX M		RACE Wht			
	STREET ADDRESS PO BOX 148/513 BASS RD.				APT. NO.				HEIGHT 6'4		WEIGHT 160		HAIR BRN		EYES BLU		ETHNIC NON		AGG. ASSAULT / JUSTIFICATION CODE					
	CITY ELEPHANT BUTTE				STATE NM				VICTIM OF OFF. NO. (S)		VICT. OF SUSP. NO.		VICT. OF SUSP. NO.		VICT. OF SUSP. NO.		VICT. OF SUSP. NO.		VICT. OF SUSP. NO.					
	OCCUPATION MECHANIC				EMPLOYER/SCHOOL NM STA				EMPLOYER/SCHOOL ADDRESS				GANG AFFILIATION											
	ALIAS/NICKNAME				DOR CLOTHING DESCRIPTION				ARMED WITH (SEE CODES)				TYPE OF ARREST											
	DRIVER'S LICENSE NO. 104200562				D.L. STATE NM		ARREST / CIT		S.I.D. NO.		NIC. NO.		RES. STATUS RES											
	PERSON CODE S		TYPE CODE I		INJURY CODE M		I-NAME (LAST, FIRST, MIDDLE) HENDY CINDY LE				SOCIAL SECURITY NO. [REDACTED]				DOB [REDACTED] 60		AGE (RANGE) 39		SEX F		RACE Wht			
	STREET ADDRESS PO BOX 148/513 BASS RD.				APT. NO.				RES. PHONE 894-5070		HEIGHT 5'4		WEIGHT 117		HAIR BLN		EYES GRN		ETHNIC NON		AGG. ASSAULT / JUSTIFICATION CODE			
	CITY ELEPHANT BUTTE				STATE NM				ZIP 87935		BUS. PHONE		VICTIM OF OFF. NO. (S)		VICT. OF SUSP. NO.		VICT. OF SUSP. NO.		VICT. OF SUSP. NO.		VICT. OF SUSP. NO.			
PEPPER	OCCUPATION UNEMPLOYED				EMPLOYER/SCHOOL				EMPLOYER/SCHOOL ADDRESS				GANG AFFILIATION											
	ALIAS/NICKNAME				MARKS, SCARS, TATTOOS, AND/OR CLOTHING DESCRIPTION TATTOO AND HIGHT HAND				ARMED WITH (SEE CODES)				TYPE OF ARREST											
	DRIVER'S LICENSE NO. NONE				D.L. STATE		ARREST / CITATION NO.		F.B.I. NO.		S.I.D. NO.		NIC. NO.		RES. STATUS									
	PERSON CODE V		TYPE CODE I		INJURY CODE N		I-NAME (LAST, FIRST, MIDDLE) VIGIL CINDY				SOCIAL SECURITY NO.				DOB		AGE (RANGE)		SEX		RACE			
	STREET ADDRESS				APT. NO.				RES. PHONE		HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT / JUSTIFICATION CODE			
	CITY				STATE				ZIP		BUS. PHONE		VICTIM OF OFF. NO. (S)		VICT. OF SUSP. NO.		VICT. OF SUSP. NO.		VICT. OF SUSP. NO.		VICT. OF SUSP. NO.			
	OCCUPATION				EMPLOYER/SCHOOL				EMPLOYER/SCHOOL ADDRESS				GANG AFFILIATION											
	ALIAS/NICKNAME				MARKS, SCARS, TATTOOS, AND/OR CLOTHING DESCRIPTION				ARMED WITH (SEE CODES)				TYPE OF ARREST											
	DRIVER'S LICENSE NO.				D.L. STATE		ARREST / CITATION NO.		F.B.I. NO.		S.I.D. NO.		NIC. NO.		RES. STATUS									
	VEHICLE	ADDC ON SUPP		VEH. STATUS CODE NA		1-STOLEN 2-BURNED 3-REC. (STOLEN LOCAL) 4-REC. (STOLEN OTHER JURIS) 5-SEIZED 6-ABANDONED 7-DAMAGED/VANDALIZED 8-SUSPECT'S VEHICLE 9-VICTIM'S VEHICLE 10-OTHER 11-EMBEZ. 12-REPO.				VEH. TYPE CODE NA		01-AIRPLANE 03-AUTOMOBILE 05-BUS 24-OTHER MOTOR VEH. 28-MOTOR HOMES 37-TRUCK (PICKUP) 39-WATERCRAFT 41-MOTORCYCLE 42-SNOWMOBILE 44-TRAILER												
YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		HTM. COLOR		VALUE/DAMAGE EST.						
REGISTERED OWNER'S NAME (OR SAME AS SUBJECT NO.)				VIN				DISTINGUISHING FEATURES/ VISIBLE DAMAGE																
ADDRESS				TOW TO / BY				NIC. NO.																
AGENCY OPTIONAL USE				TOWED FROM				OWNER NOTIFIED				DATE RECOVERED				TIME RECOVERED								

P R O P E R T Y	PROPERTY STATUS		1-STOLEN 2-STOLEN & RECOVERED 3-RECOVERED (STOL THIS JURIS)		4-RECOVERED (STOL OTHER JURIS) 5-EVIDENCE 6-LOST		7-FOUND 8-COUNTERFEIT/FORGED 9-DAMAGED/DESTR/VANDALIZED		10-BURIED 11-SEIZED 12-USED IN CRIME		13-SAFEKEEP 14-UNKNOWN 15-EMBEZZLED							
	PROPERTY TYPE		01-ALCOHOL 04-BICYCLES 06-CLOTHES/FURS 07-COMPUTER HARDWARE/SOFTWARE 08-CONSUMABLE GOODS 09-CREDIT/DEBIT CARDS 10-DRUGS/NARCOTICS 11-DRUG/NARCOTIC EQUIPMENT		12-FARM EQUIPMENT 13-FIREARMS 14-GAMBLING EQUIPMENT 15-HEAVY CONSTR/DUST EQUIP. 16-HOUSEHOLD GOODS 17-JEWELRY/PRECIOUS METALS 18-LIVESTOCK 19-MERCHANDISE		20-MONEY 21-NEGOTIABLE INSTRUMENTS 22-NON-NEGOTIABLE INSTRU. 23-OFFICE EQUIPMENT 24-PURSE/HANDBAG/WALLET 25-RADIO/TVS/VCRS 26-RECORDINGS-AUDIO/VISUAL 27-STRUCTURES-SINGLE OCCUP.		30-STRUCTURE-OTHER DWELLINGS 31-STRUCTURE-OTHER COMM/BUSIN 32-STRUCTURE-INDUSTRIAL/MANUF. 33-STRUCTURE-PUBLIC/COMMUNITY 34-STRUCTURE-STORAGE 35-STRUCTURE-OTHER 36-TOOLS 37-VEHICLE PARTS/ACCESSORIES		40-SKIS/SKI EQUIPMENT 77-OTHER 88-PENDING INVENTOR 99-SPECIAL CATEGORY							
	DRUG TYPE		A-CRACK B-COCAINE C-HASHISH		D-HEROIN E-MARIJUANA F-MORPHINE		G-OPRIUM H-OTHER NARCOTICS I-LSD		J-PCP K-OTHER HALLUCINOGENS L-AMPH/METHAM		M-OTHER STIMULANTS N-BARBITURATES O-OTHER DEPRESSANTS		P-OTHER DRUGS U-UNKNOWN X-OVER 3 TYPES					
	FIELD UNIT OF MEASURE		GM-GRAM KG-KILOGRAM OZ-OUNCE LB-POUND NP-NO. PLANTS LT-LITER FO-FLUID OUNCE DU-DOSAGE UNIT ML-MILLILITER															
	N A R R A T I V E	1-PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM		MAKE/BRAND		MODEL		CALIBER		VALUE (EXCEPT DRUGS)						
SUSPECTED DRUG TYPE		QUANTITY/ UNIT OF MS.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL/OAN		DATE RECOVERED		NIC NO.							
2-PROPERTY STATUS		PROPERTY TYPE	TYPE OF ITEM		MAKE/BRAND		MODEL		CALIBER		VALUE (EXCEPT DRUGS)							
SUSPECTED DRUG TYPE		QUANTITY/ UNIT OF MS.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL/OAN		DATE RECOVERED		NIC NO.							
3-PROPERTY STATUS		PROPERTY TYPE	TYPE OF ITEM		MAKE/BRAND		MODEL		CALIBER		VALUE (EXCEPT DRUGS)							
SUSPECTED DRUG TYPE		QUANTITY/ UNIT OF MS.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL/OAN		DATE RECOVERED		NIC NO.							
4-PROPERTY STATUS		PROPERTY TYPE	TYPE OF ITEM		MAKE/BRAND		MODEL		CALIBER		VALUE (EXCEPT DRUGS)							
SUSPECTED DRUG TYPE		QUANTITY/ UNIT OF MS.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL/OAN		DATE RECOVERED		NIC NO.							
M.O. EVENT CODES: (AGENCY OPTIONAL USE)												TOTAL VALUE STOLEN \$		TOTAL VALUE REC. \$		ADDEL CH SUPP <input type="checkbox"/>		
SYNOPSIS ON MARCH 22, 1999 AT APPROXIMATELY 1530 HOURS MYSELF AND DEPUTY ALVAREZ REPONDED TO A 911 HANG UP CALL AT 513 BASS RD. AT ELEPHANT BUTTE. AFTER DISCOVERING THE NATURE OF THE INCIDENT, SIERRA COUNTY DEPUTIES ASSISTED THE NEW MEXICO STATE POLICE CRIMINAL INVESTIGATORS WITH THE CASE.																		
SEE ATTACHED SUPPLEMENT REPORTS.																		
S T A T U S		REPORTING OFFICER (PRINT)		Rank	I.D. NO.	DATE	DETECTIVE/FOLLOW-UP OFFICER/REFERRED TO						I.D. NO.	DATE				
	DAVID ELSTON				03-22-99													
	ASSISTING OFFICER (PRINT)		RANK	I.D. NO.	DATE	PROCESSED BY		DATE		DATA ENTRY PERSON		DATE						
APPROVING OFFICER (PRINT)		RANK	I.D. NO.	DATE	ACT	INAC	CLD	UP	CLA	CLE	EXC	CODE	NA	DATE				
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
AGENCY OPTIONAL USE (DISTRICT, OTHER OFFICERS, ETC)					CASES CLEARED BY THIS ARREST CASE NO.S								REV 3/94					

STATE OF NEW MEXICO SUPPLEMENTAL REPORT		ORIGINAL OFFENSE DATE 03 22 99		SUPP. DATE 03 22 99		CASE NO. 0170-99		INC.		PAGE 2		OF 2	
ORIGINAL OFFENSE REPORTED ASSIST OTHER AGENCY				ORIGINAL VICTIMS NAME (LAST FIRST, MIDDLE) VIGIL CINDY				DATE OF BIRTH					
LOCATION OF OCCURRENCE 513 BASS RD. ELEPHANT BUTTE													
<p>ON MARCH 22, 1999 AT APPROXIMATELY 1530 HOURS MY SELF AND DEPUTY ALVAREZ WHERE AT THE SHERIFF'S OFFICE AT WHICH TIME WE RECEIVED A CALL FROM CENTRAL DISPATCH OF A 911 HANG UP CALL AT 513 BASS RD. AT ELEPHANT BUTTE AND WHILE IN ROUT TO THE RESIDENCE WE WERE INFORMED FROM DISPATCH THAT THEY HAD MADE CONTACT WITH AN INDIVIDUAL AT THE RESIDENCE WHO WAS STATING THAT EVERY THING WAS ALRIGHT. AT THE SAME TIME WE RECEIVED INFORMATION THAT AT 301 SPRINGLAND RD. THAT THERE WAS A NUDE FEMALE SUBJECT AT THAT RESIDENCE AND THAT SHE HAD A CHAIN AROUND HER NECK. AT THAT TIME I WAS NOTIFIED THAT STATE PARKS OFFICERS LANFORD AND DEGASSE THAT THEY WERE 10-97 AT THE RESIDENCE AT WHICH TIME I DROPPED OFF DEPUTY ALVAREZ WITH DEPUTY BOWIDOWICZ AT 301 SPRINGLAND RD. AND I PROCEEDED TO 513 BASS RD. TO ASSIST THE STATE PARKS OFFICERS. UPON ARRIVAL AT APPROXIMATELY 1543 HOURS, I MET WITH LANFORD AND DEGASSE AT 513 BASS RD. AND THEY INFORMED ME THAT THE RESIDENCE WAS THAT OF DAVID RAY'S WHO IS A STATE PARKS EMPLOYEE AND AT ABOUT THAT TIME WE HAD LEARNED THAT THE FEMALE SUBJECT AT 301 SPRINGLAND ORIGINALLY CAME FROM 513 BASS RD. IN WHICH AT THAT TIME IT WAS DECIDED BY MYSELF AND OFFICER LANFORD THAT THEY COULD BE A POSSIBLE SUSPECT OF A POSSIBLE VICTIM INSIDE THE RESIDENCE. MYSELF AND OFFICER LANFORD CHECKED THE FRONT DOORS HOWEVER THEY WERE SECURED AND THEN WE PROCEEDED TO THE REAR OF THE RESIDENCE AND LOCATED AN UNLOCKED SLIDING GLASS DOOR AND AT THAT TIME WE ENTERED THE RESIDENCE TO ATTEMPT TO LOCATE ANY PERSONS INSIDE AND TO SECURE THE RESIDENCE. WHILE INSIDE I NOTICED THAT IN THE LIVING ROOM THAT THERE WAS BROKEN GLASS ON A BED AND THE FLOOR AND OBSERVED INSIDE A SMALL BEDROOM AN ARREY OF SEXUAL DEVICES ALONG WITH VARIOUS RESTRAINT TYPE DEVICES AND VARIOUS PHOTOGRAPHS ON THE WALLS AND SEVERAL TYPES OF HAND TOOLS ON A COUNTER IN THE ROOM. AFTER WE CLEARED THE RESIDENCE AND NOT LOCATING ANY PERSONS, THE RESIDENCE WAS SECURED BY MY SELF AND DEPUTY BOWIDOWICZ WITH CRIME SCENE TAPE AND DEPUTY BOWIDOWICZ REMAINED TO KEEP THE RESIDENCE SECURE. DURING THIS TIME I WAS CONTACTED BY SHERIFF BYERS TO MEET WITH HIM ON SPRINGLAND RD. AND UPON ARRIVAL I OBSERVED THAT A SMALL RV WAS STOPPED AND THAT OFFICERS HAD DAVID RAY IN A PATROL UNIT AND HAD A FEMALE SUBJECT KNOWN BY THIS OFFICER AS BEING CINDY HENDY. AT THAT TIME I READ THE MIRANDA WARNING TO BOTH DAVID RAY AND CINDY HENDY IN WHICH BOTH UNDERSTOOD THERE CONSTITUTIONAL RIGHTS HOWEVER AT NO TIME WERE THERE ANY QUESTIONS DIRECTED TO THEM NOR DID THEY ASK ANY QUESTIONS.</p>													
REPORTING OFFICER (PRINT) DAVID ELSTON		RANK NA	I.D. NO. 15	DATE 03 22 99		DETECTIVE / FOLLOW-UP OFFICER			I.D. NO.		DATE		
ASSISTING OFFICER (PRINT)		RANK	I.D. NO.	DATE		PROCESSED BY		DATE		DATA ENTRY		DATE	
APPROVING OFFICER (PRINT)		RANK NA	I.D. NO. 3	DATE 03 23 99		INCIDENT STATUS CA		CODE N				DATE	
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)						CASES CLEARED BY THIS ARREST CASE NO.							

STATE OF NEW MEXICO SUPPLEMENTAL REPORT	ORIGINAL OFFENSE DATE 03 22 99	SUPP. DATE 03 22 99	CASE NO. 0170-99	INC. I.	PAGE 3	OF
ORIGINAL OFFENSE REPORTED ASSIST OTHER AGENCY		ORIGINAL VICTIMS NAME (LAST FIRST, MIDDLE) VIGIL CINDY			DATE OF BIRTH	
LOCATION OF OCCURRENCE 515 BASS RD. ELEPHANT BUTTE						

WHILE MIRANDIZING HENDY, I OBSERVED THAT SHE HAD BLOOD IN HER HAIR AND BLOOD SMEARS ON HER LEGS AND AT THAT TIME HENDY STATED THAT SHE WAS EXPERIENCING DIZZIENESS AND THAT HER HEAD WAS HURTING AT WHICH TIME I TRANSPORTED HENDY TO SIERRA VISTA HOSPITAL FOR MEDICAL TREATMENT. UPON ARRIVAL TO THE HOSPITAL AT APPROXIMATELY 1629 HOURS HENDY WAS ASSEST BY THE EMERGENCY ROOM NURSE AND DURING THIS TIME I OBSERVED THAT SHE HAD A CUT ON HEAD ABOVE HER LEFT EAR AND A CUT ON HER RIGHT HAND RING FINGER AND OTHER SMALL CUTS ON HER LEGS. AT THIS TIME HENDY STATED TO THE NURSE THAT SHE WAS HIT IN THE HEAD WITH A LAMP WHICH CAUSED THE CUT TO HER HEAD. ONCE HENDY WAS ADVISED BY THE NURSE THAT THE CUT DID NOT REQUIER SUTURES, HENDY THEN REFUSSED MEDICAL TREATMENT AND NO LONGER WANTED TO SHE THE DOCTOR. I THEN TRANSPORTED HENDY TO THE STATE PARKS OFFICE WHERE SHE WAS DETAINED PENDING FURTHER INVESTIGATION BY THE STATE POLICE CRIMINAL INVESTIGATORS.

REPORTING OFFICER (PRINT) DAVID ELSTON	RANK NA	I.D. NO. 15	DATE 03 22 99	DETECTIVE / FOLLOW-UP OFFICER	I.D. NO.	DATE
ASSISTING OFFICER (PRINT)	RANK	I.D. NO.	DATE	PROCESSED BY	DATE	DATA ENTRY
APPROVING OFFICER (PRINT) <i>[Signature]</i>	RANK CAPT	I.D. NO. 3	DATE 03 23 99	INCIDENT STATUS CA	CODE N	DATE
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.) <i>[Signature]</i>				CASES CLEARED BY THIS ARREST CASE NO.		

ATTACHMENT #10
COPY OF CRIME SCENE LOG ON
1978 TOYOTA ROYAL RV
(RH28140120)

CRIME SCENE SIGN-IN

(DATE) 03-22-99

(LOCATION) Richard Cooper Center

Crime Scene : 1978 Toyota Royal P/M VIN RH28140120

(TIME) 7:10 p.m.

(IN)

{OUT}

(NAME)

(AGENCY)

[illegible]

CRIME SCENE SIGN-IN

(DATE) 03-23-99

(LOCATION) NMSP. Office

Crime Scene: 1928 Toyota Royal PM 990 S. Broadway
VIN RH2B140120 TORC NUM

(TIME) 7:30 AM

(IN)

(OUT)

(NAME)

(AGENCY)

[illegible]

ATTACHMENT #11

COPY OF NM STATE PARK OFFICERS STATEMENTS

NM STATE PARK OFFICER CHRIS DEGASE
STATEMENT

OCCURRENCE DATE(S)			DATE REPORTED		STATE OF NEW MEXICO UNIFORM INCIDENT REPORT		FILE NO.		INCIDENT NO.		PAGE		OF	
ON OR BETWEEN							NM 0-26400		75-10-0013		1		4	
MM/DD/YY			MM/DD/YY		MM/DD/YY		AGENCY/COUNTY		DISTRICT NO.		OPTIONAL USE (CASE NO. ETC.)		hurryup	
03-22-99			03-22-99		03-22-99		NM STATE Parks & Rec Div / Sierra		3				N/A	
ME DAY OF WEEK			TIME		DAY OF WEEK		TIME		DAY OF WEEK		ADDRESS / LOCATION OF INCIDENT		CITY	
15 Mo			1524		Mo		1524		Mo		513 Bass RD		Elephant Butte Nm	
											ZIP		87935	
											gang rel.		N/A	
											hate crimes met Code		N/A	
OFFENSE / INCIDENT			STATUTE OR ORDINANCE		FEL MISD		ATTEMPTED		COMPLETED		UCR OFFENSE CODE		CRIMINAL ACTIVITY CODE	
1 Kidnapping			30-4-1		F				X		100		O	
2 Criminal Sexual Penetration			30-9-11		F				X		11c		O	
3 Ass. W/intent to Commit Violent Fel.			30-3-3		F				X		13A		O	
PERSON CODES V-VICTIM C-CITIZEN S-SUSPECT A-ARRESTED			P-PARENT/GUARDIAN W-WITNESS I-INTERVIEWED O-OTHER		R-REPORTING PERSON C-DECEASED M-MISSING/RUNAWAY		TYPE CODES F-FINANCIAL INST. R-RELIGIOUS		I-INDIVIDUAL P-POLICE O-OTHER S-SOCIETY/PUB.		INJURY CODES B-APPARENT BROKEN BONE M-APPARENT MINOR INJURY D-UNCONSCIOUSNESS		L-SEVERE LACERATION T-LOSS OF TEETH	
PERSON CODE V			TYPE CODE I		INJURY CODE M		I-NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO		DOB		AGE (RANGE)	
							VIGIL, CYNTHIA				7		21	
STREET ADDRESS			APT. NO.		RES. PHONE		HEIGHT		WEIGHT		HAIR		EYES	
ALBUQUERQUE							1/2/3		1		ST		2	
OCCUPATION			EMPLOYER/SCHOOL		EMPLOYER/SCHOOL ADDRESS		GANG AFFILIATION							
ALIAS/NICKNAME			MARKS, SCARS, TATTOOS, AND/OR CLOTHING DESCRIPTION		ARMED WITH (SEE CODES)		TYPE OF ARREST							
DRIVER'S LICENSE NO.			D.L. STATE		ARREST / CITATION NO.		F.B.I. NO.		S.I.D. NO.		NIC. NO.		RES. STATUS	
													RES	
PERSON CODE S			TYPE CODE I		INJURY CODE N		I-NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO		DOB		AGE (RANGE)	
							RAY, DAVID PARKER				39		59	
STREET ADDRESS			APT. NO.		RES. PHONE		HEIGHT		WEIGHT		HAIR		EYES	
513 BASS RD					505-744-5070		604		165		BRN		GRN	
CITY			STATE		ZIP		BUS. PHONE		VICTIM OF OFF. (YES)		VICT OF STATE NO.		VICT OF FBI NO.	
ELEPHANT BUTTE			NM		87935		505-744-5421							
OCCUPATION			EMPLOYER/SCHOOL		EMPLOYER/SCHOOL ADDRESS		GANG AFFILIATION							
MECHANIC			E.BUTTE STATE PARK		PO BOX 13, E.B. NM 87935									
ALIAS/NICKNAME			MARKS, SCARS, TATTOOS, AND/OR CLOTHING DESCRIPTION		ARMED WITH (SEE CODES)		TYPE OF ARREST							
DRIVER'S LICENSE NO.			D.L. STATE		ARREST / CITATION NO.		F.B.I. NO.		S.I.D. NO.		NIC. NO.		RES. STATUS	
													RES	
PERSON CODE S			TYPE CODE I		INJURY CODE M		I-NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO		DOB		AGE (RANGE)	
							HENDY, CINDY				60		39	
STREET ADDRESS			APT. NO.		RES. PHONE		HEIGHT		WEIGHT		HAIR		EYES	
513 BASS RD					505-744-5070		504		165		BLD		BLU	
CITY			STATE		ZIP		BUS. PHONE		VICTIM OF OFF. (YES)		VICT OF STATE NO.		VICT OF FBI NO.	
ELEPHANT BUTTE			NM		87935									
OCCUPATION			EMPLOYER/SCHOOL		EMPLOYER/SCHOOL ADDRESS		GANG AFFILIATION							
NONE														
ALIAS/NICKNAME			MARKS, SCARS, TATTOOS, AND/OR CLOTHING DESCRIPTION		ARMED WITH (SEE CODES)		TYPE OF ARREST							
NONE			r.thumb R.H)L. breast shooting stars				CUST.							
DRIVER'S LICENSE NO.			D.L. STATE		ARREST / CITATION NO.		F.B.I. NO.		S.I.D. NO.		NIC. NO.		RES. STATUS	
													RES	
YEAR			MAKE		MODEL		BODY STYLE		LICENSE NO		LIC. YEAR		LIC. ST.	
78			TOYOTA				R.V		1807rvp		99		NM	
REGISTERED OWNER'S NAME (OR SAME AS SUBJECT NO.)			VIN		DISTINGUISHING FEATURES - VISIBLE DAMAGE									
Tina Severns			RH28140120											
ADDRESS			TOW TO / BY		NIC. NO.									
PO Box 503 T OR C NM 87901			A&E											

PROPERTY

STATUS

PROPERTY

TYPE

TYPE

FIELD UNIT OF MEASURE

PROPERTY STATUS		1-STOLEN 2-STOLEN & RECOVERED 3-RECOVERED (STOL THIS JURIS)		4-RECOVERED (STOL OTHER JURIS) 5-EVIDENCE 6-LOST		7-FOUND 8-COUNTERFEIT/FORGED 9-DAMAGED/DENIED/ABANDONED		10-REMOVED 11-SEIZED 12-USED IN CRIME		13-ATTACHED 14-UNKNOWN 15-EXEMPTED	
PROPERTY TYPE		01-VEHICLE 02-CAR 03-TRUCK 04-CLOTHING/FURS 05-COMPUTER HARDWARE/SOFTWARE 06-COMMUNICABLE CODE 07-CREDIT/DEBIT CARDS 08-DRUGS/NARCOTICS 09-DRUG/NARCOTIC EQUIPMENT		10-ARM EQUIPMENT 11-FIREARMS 12-GAMBLING EQUIPMENT 13-HEAVY CONSTRUCTION EQUIP 14-IDENTIFICATION 15-JEWELRY/PERSONAL ITEMS 16-LIVESTOCK 17-MERCHANDISE		18-PROPERTY 19-RECOVERABLE INSTRUMENTS 20-NON-RECOVERABLE INSTRUMENTS 21-OUTSIDE EQUIPMENT 22-PROPERTY/HANDGUNS/WALL 23-RADIO/TVS/VCRS 24-RECORDING/AUDIO/VISUAL 25-SUBJECTS/STOCK RECORDS		26-STRUCTURE OTHER 27-STRUCTURE-OTHER COMM/INDUS 28-STRUCTURE-INDUSTRIAL/MARINE 29-STRUCTURE-PUBLIC/COMM/INDUS 30-STRUCTURE STORAGE 31-STRUCTURE OTHER 32-TOOLS 33-VEHICLE PARTS/ACCESSORIES		34-SKIS/SKI EQUIPMENT 35-OTHER 36-PENDANT/INVENTOR 37-SPECIAL CATEGORY	
DRUG TYPE		A-CRACK B-COCAINE C-HEROIN D-OTHER E-OTHER F-OTHER G-OTHER H-OTHER I-OTHER J-OTHER K-OTHER L-OTHER M-OTHER N-OTHER O-OTHER P-OTHER Q-OTHER R-OTHER S-OTHER T-OTHER U-OTHER V-OTHER W-OTHER X-OTHER Y-OTHER Z-OTHER		D-HEROIN E-MARIJUANA F-MORPHINE G-OTHER H-OTHER I-OTHER J-OTHER K-OTHER L-OTHER M-OTHER N-OTHER O-OTHER P-OTHER Q-OTHER R-OTHER S-OTHER T-OTHER U-OTHER V-OTHER W-OTHER X-OTHER Y-OTHER Z-OTHER		G-OPHUM H-OTHER NARCOTICS I-OTHER J-OTHER K-OTHER L-OTHER M-OTHER N-OTHER O-OTHER P-OTHER Q-OTHER R-OTHER S-OTHER T-OTHER U-OTHER V-OTHER W-OTHER X-OTHER Y-OTHER Z-OTHER		K-OTHER L-OTHER M-OTHER N-OTHER O-OTHER P-OTHER Q-OTHER R-OTHER S-OTHER T-OTHER U-OTHER V-OTHER W-OTHER X-OTHER Y-OTHER Z-OTHER		K-OTHER L-OTHER M-OTHER N-OTHER O-OTHER P-OTHER Q-OTHER R-OTHER S-OTHER T-OTHER U-OTHER V-OTHER W-OTHER X-OTHER Y-OTHER Z-OTHER	
FIELD UNIT OF MEASURE		GM-GRAM KG-KILOGRAM OZ-OUNCE LB-POUND MP-MILLIPIANIS TT-TELLER FL-FLUID OUNCE DL-DOSAGE UNIT ML-MILLILITER									
1-PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM		MAKE/BRAND		MODEL		CALIBER		VALUE (EXCEPT DRUGS)	
SUSPECTED DRUG TYPE	QUANTITY/UNIT OF MS.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL/ID		DATE RECOVERED		MIC NO.	
2-PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM		MAKE/BRAND		MODEL		CALIBER		VALUE (EXCEPT DRUGS)	
SUSPECTED DRUG TYPE	QUANTITY/UNIT OF MS.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL/ID		DATE RECOVERED		MIC NO.	
3-PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM		MAKE/BRAND		MODEL		CALIBER		VALUE (EXCEPT DRUGS)	
SUSPECTED DRUG TYPE	QUANTITY/UNIT OF MS.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL/ID		DATE RECOVERED		MIC NO.	
4-PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM		MAKE/BRAND		MODEL		CALIBER		VALUE (EXCEPT DRUGS)	
SUSPECTED DRUG TYPE	QUANTITY/UNIT OF MS.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL/ID		DATE RECOVERED		MIC NO.	
M.O. EVENT CODES: (AGENCY OPTIONAL USE)						TOTAL VALUE STOLEN \$		TOTAL VALUE REC. \$		ADD'l \$	
S V U P S I S											
N A R R A T I V E											
ON Monday the 22 nd day of March, 1999 at 1524 hrs Central Dispatch in Sierra County contacted Deputy Elston of the Sheriffs Depaartment about a 911 hang up at 513 Bass RD in the Elephant Butte State Parks Lease Lot area. I advised Central that myself and Ranger Lanford would also be responding. Central advised that he heard a comotion in the background. Central then advised he called back to the residence and a female answered the phone and stated that everything was ok. Central advised that the female seemed to be very hesitant and that we should probably keep responding. We continued to respond and Dispatch then advised of another call in that area about a female running around nude with a chain on her neck. While responding on Springland Blvd. We were flagged down by a woman in a greenish car and she advised that there was indeed a nude woman running down Bass RD. I advised her to wait <i>here</i> for Deputy Elston to meet with her. We arrived at 513 Bass Rd at 1533 hrs. We knocked on both of the west doors of the residence and no one answered and both doors were locked. At that time we waited for Deputy Elston and Sheriff											
S T A T E											
REPORTING OFFICER (PRINT)		Rank		I.D. NO.		DATE		DEFLECTIVE FOLLOW-UP OFFICER (REFERRED TO)		I.D. NO.	
C. Degase		Rng		334							
ASSISTING OFFICER (PRINT)		RANK		I.D. NO.		DATE		PROSECUTOR		DATE	
APPROVING OFFICER (PRINT)		RANK		I.D. NO.		DATE		AGENCY		DATE	
AGENCY OPTIONAL USE (DISTRIB. OTHER OFFICERS, ETC.)						CASES CLEARED BY THIS ARREST (CASE #S)					
						REV 1.04					

STATE OF NEW MEXICO SUPPLEMENTAL REPORT		ORIGINAL OFFENSE DATE 03 / 22 / 99	SUPP DATE 03 / 22 / 99	CASE NO.	10-06/2	PAGE 3	OF 4
ORIGINAL OFFENSE REPORTED KIDNAPPING		ORIGINAL VICTIM NAME (LAST, FIRST, MIDDLE) VIGIL, CYNTHIA			DATE OF BIRTH 09 / 15 / 77		
LOCATION OF OCCURRENCE BASS RD ELEPHANT BUTTE NM 87935							

Byers to arrive. I then covered the two west doors of the residence. Sheriff's Byers covered the east side of the residence, while Ranger Lanford and Deputy Elston entered the residence through and open east door, to clear the residence and make sure there was no one in the residence in danger. There was no one in the residence. Once it was safe to enter the residence, I entered through one of the west doors. As I entered I notice a room straight across from the door that had 2 chains hanging from the ceiling approximately arms' width apart. There was a small bed to the left of the room as I entered and to the right was a dresser with numerous sex toys (large dildos, pliers, scissors, clips) neatly arranged on the dresser. Hanging on the walls in various locations in the room was what appeared to be leather harnesses, muzzles, and pictures of animals having sex with humans.

Ranger Lanford and I then proceeded to the living room area where we noticed another bed with chains on the bed-posts with padlocks on them. There was a broken green lamp, part of it on the bed and the rest on the floor. There was blood on the sheets on the bed and on the lamp shade that was lying on the floor. We also noticed an ice pick lying on the floor at the foot of the bed. We then exited the residence and spoke with Deputy Bowidowich who had just arrived. He stated that he and Deputy Alvarez had met with the victim. She had told them that at residence 513 Bass rd was the location that she had been held against her will by a Park Ranger. Ranger Lanford and I both recognized the residence as belonging to Regional Mechanic David Ray of Elephant Butte State Park.

We then asked Deputy Elston if he wanted us to go and find David Ray for questioning and he stated that we would get the State Police to find him. At that time Sheriff Byers stated that David Ray had been sighted. Ranger Wilson was riding with Sheriff Byers and myself and Ranger Lanford followed them. We met David Ray on Springland Blvd, he was driving his cream and tan colored R.V. We then turned around and Sheriff Byers initiated a traffic stop. Due to the facts, that there was blood in the residence and the victim stated that she had been chained and held there against her will, we followed procedure and performed this stop as a felony stop (weapons drawn). Ranger Wilson was on the P.A. and gave David Ray instructions on exiting the vehicle and proned him out on the ground. Sheriff Byers and I covered as Ranger Lanford cuffed him, patted him down and placed him in the Sheriff's unit. Ranger Wilson then gave the passenger Cindy Hendy instructions on exiting the vehicle and proned her out on the ground. Ranger Lanford and the Sheriff covered as I cuffed her. While I was cuffing her I noticed blood on her hands, legs, and head. She told me to watch out for her head because "that bitch hit me in the head with a lamp." Due to the amount of blood on her Ranger Wilson put on gloves and did the pat down for me. At this time Deputy Elston arrived and Cindy Hendy was placed in his unit. At this time Deputy Elston Marandized both subjects. Deputy Elston and the Sheriff transported both subjects to the Training Center at Elephant Butte State Park. Lanford and I stayed with the R.V until A & B Automotive arrived and towed it to the Training Center while Regional Manager Madrid followed.

While I was watching Cindy Hendy at the Training Center she voluntarily stated "I guess this is what we get for trying to help someone." She also stated voluntarily "we picked her up at Burger King in Albuquerque because she need help and was heroine addict."

While at the Training Center, State Park employee Jim Green stopped by and stated that David Ray had received a call at work at approximately 1530 hrs. and David Ray hung up the phone and stated that he had to go because something bad had happened at home. Jim said that John Martinez, State Park heavy equipment operator told David Ray that he would park his park unit for him.

STAT	REPORTING OFFICER (PRINT) CHRIS DEGASE	RANK RNG	I.D. NO. 334	DATE 03 / 22 / 99	DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO	I.D. NO.	DATE																											
	ASSISTING OFFICER (PRINT)	RANK	I.D. NO.	DATE	PROCESSED BY	DATE	DATA ENTRY PERSON																											
	APPROVING OFFICER (PRINT)	RANK	I.D. NO.	DATE	<table border="1"> <tr> <th colspan="6">INCIDENT STATUS</th> <th rowspan="2">EXEMPT CODE</th> <th rowspan="2">ADDITIONAL OFFENSES</th> <th rowspan="2">OVERSIGHT INFORMATION</th> <th rowspan="2">DATE</th> </tr> <tr> <th>ACT</th> <th>INACT</th> <th>CLOSED</th> <th>U.E.</th> <th>ELA</th> <th>OLE</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			INCIDENT STATUS						EXEMPT CODE	ADDITIONAL OFFENSES	OVERSIGHT INFORMATION	DATE	ACT	INACT	CLOSED	U.E.	ELA	OLE	<input checked="" type="checkbox"/>										
	INCIDENT STATUS						EXEMPT CODE	ADDITIONAL OFFENSES	OVERSIGHT INFORMATION	DATE																								
	ACT	INACT	CLOSED	U.E.	ELA	OLE																												
<input checked="" type="checkbox"/>																																		
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)					CASES CLEARED BY THIS AGENCY	CASE NO.	CASE NO.																											
					CASE NO.		REV 3/94																											

STATE OF NEW MEXICO SUPPLEMENTAL REPORT		ORIGINAL OFFENSE DATE 03 / 22 / 99	REPORT DATE 03 / 22 / 99	CASE NO. 99-10-0012	PAGE 4	OF 01
ORIGINAL OFFENSE REPORTED KIDNAPPING			ORIGINAL VICTIM'S NAME (LAST, FIRST, MIDDLE) VIGIL, CYNTHIA		DATE OF BIRTH 09 / 15 / 77	
LOCATION OF OCCURRENCE BASS RD ELEPHANT BUTTE NM 87935						

I was interviewed by State Police Agent Rudy Ramirez at the Training Center and gave a full interview. Ranger Lanford and I stayed at the Training Center all night watching the two suspects until 0715 hrs on Tuesday, March 23, 1999, when we transported them both to the State Police Office for questioning. While at the SPO they were both advised that they were under arrest.

I spoke with Agent La Cuesta and he advised me that they were both going to be charged with

1. Kidnapping
2. Conspiracy to commit Kidnapping
3. Criminal Sexual Penetration
4. Conspiracy to Commit Criminal Sexual Penetration
5. Assault with the intent to Commit a Violent Felony

Ranger Lanford and I then left the SPO and reported to the Training Center and met with Regional Manager Madrid for a briefing and to give him copies of preliminary findings. We were 10-7 at 1030 March 23, 1999.

On 3-23-99 at approximately 2100 hrs I contacted the Sierra County Detention Center to find out the bond and they advised that bond had not been granted for either subject. At this time I passed this information on to Regional Manager Madrid.

Supplements to follow as information is obtained.

STAT	REPORTING OFFICER (PRINT) CHRIS DEGASE	RANK RNG	I.D. NO. 334	DATE 03 / 22 / 99	DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO		I.D. NO.	DATE						
	ASSISTING OFFICER (PRINT)	RANK	I.D. NO.	DATE	PROCESSED BY	DATE	DATA ENTRY PERSON	DATE						
	APPROVING OFFICER (PRINT)	RANK	I.D. NO.	DATE	INCIDENT STATUS									
	AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)				ACTIVE	INACT	CLOSED	Q.T.	CL.A.	CL.E.	EXCERPT CODE	ALLEGED OFFICER BUT NOT IDENTIFIED	DISCIPLINE NOT APPLICABLE	DATE
					CASE NO.	CASE NO.	CASE NO.	CASE NO.	REV. 3/94					

NM STATE PARK OFFICER MICHAEL LANFORD

STATEMENT

STATE OF NEW MEXICO SUPPLEMENTAL REPORT		ORIGINAL OFFENSE DATE 03/22/99	SUPP. DATE 03/22/99	CASE NO.	79-10-0012	PAGE #	OF #
ORIGINAL OFFENSE REPORTED		ORIGINAL VICTIM'S NAME (LAST, FIRST, MIDDLE) WILK CINDY			DATE OF BIRTH 07/15/77		
LOCATION OF OCCURRENCE 513 BASS RD E BUTTE							

On the 22 day of March (Monday) 1999 at approximately 1522 Sierra county central dispatch notified Sierra county deputy Dave Elston of a 911 hang up on 513 Bass road in Elephant Butte State Park. Myself and ranger Chris Degas advised central dispatch that we would also be responding. While on Springland Blvd a woman in a green car flagged us down and stated there was a woman running down the road nude and that she was bloody and that she had a chain around her neck. Ranger Degas told the woman to stand by for another officer. We continued to 513 Bass road, when we arrived at 1533 hrs. I checked the front door of the mobile home, the door was locked. Deputy Elston and Sheriff Byers arrived. Elston and myself went around to the back of the mobile home while Degas and Byers covered the front of the mobile home. I located a sliding glass door that was unlocked, myself and Elston entered the mobile home to verify that no one was hurt and to clear the home. While in the mobile home I noticed what appeared to be blood on the carpet in the living room, there was also a bed in the living room that had what appeared to be blood on the blankets. There was also broken green glass on the floor and on the bed, the glass appeared to have come from a lamp that was broken and lying on the bed. The bed had a length of heavy chain attached to each corner of the bed, at the end of each chain there was a pad lock. There was also an ice pick on the floor next to the bed. In one of the bed rooms there were several sex toys (dildos), these sex toys were placed on a dresser and hanging on the wall, there were leather straps and chains on the wall in the bed room, and pictures of animals having sex with humans hanging on the wall. We were notified that David Ray the owner of the mobile home at 513 bass road was located on Springland Blvd., myself ranger Degas, sheriff Byers and ranger Wilson located David Ray and his girlfriend Cindy Hendy traveling on Springland Blvd. Headed towards his home. We engaged our emergency equipment David Ray stopped his vehicle, I took my duty weapon out the holster and we performed a felony stop on him. Ranger Wilson had David Ray exit the vehicle and I placed my handcuff on him, then ranger Wilson had Cindy Hendy exit the vehicle and ranger Degas placed his handcuff on her. They were both transported by Sierra County deputies to the Boating safety-training center for investigative detention, at this time no one was placed under arrest. While standing next to David Ray he told me that he had picked up Cindy Henry while she was walking down the road. No further information at this time.

STATE	REPORTING OFFICER (PRINT) MICHAEL LAMFORD	RANK	I.D. NO. 335	DATE 03/22/99	DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO		I.D. NO.	DATE
	ASSISTING OFFICER (PRINT)	RANK	I.D. NO.	DATE	PROCESSED BY	DATE	DATA ENTRY PERSON	DATE
	APPROVING OFFICER (PRINT)	RANK	I.D. NO.	DATE	INCIDENT STATUS			DATE
	AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)				CASES CLEARED BY THIS ARREST			CASE NO.
					CASE NO.			REV. 3/94

NM STATE PARK OFFICER BYRON WILSON
STATEMENT

STATE OF NEW MEXICO SUPPLEMENTAL REPORT		ORIGINAL OFFENSE DATE 03 / 22 / 99	SUPP. DATE 03 / 24 / 99	CASE NO.	INC. NO. 99-10-0012	PAGE 1	OF 2
ORIGINAL OFFENSE REPORTED Kidnapping		ORIGINAL VICTIM'S NAME (LAST, FIRST, MIDDLE) Vigil, Cynthia				DATE OF BIRTH 09 / 15 / 77	
LOCATION OF OCCURRENCE 513 Bass Road Elephant Butte State Park							

ON 03-22-99 at about 1545hrs while on duty at Elephant Butte State Park, I was in the office completing some paper work. I begin getting my things ready to go home and turned on my radio. I heard some traffic on the radio about a "911" call at Hot Springs Landing. Also it was mentioned on the radio that the residence in question was a Park employee's home, I was familiar with the location of this residence. I could tell from the radio that there were three Sheriffs units and one State Park unit in the area. I did not here the nature of the original call but heard something about a naked woman with a rope around her neck and a "911" hang up call. There seemed to be some confusion about the addresses in the in the lease lots so I decided to go see if I could be of any assistance. The radio traffic had slowed down by this time and I did not know the nature of the incident so I drove to the area without using the emergency equipment on my unit.

As I drove to the Hot Springs Landing area I passed a vehicle, a small motor home, that I recognized as David Ray's. I passed Mr. Ray on Rock Canyon Rd. between State Road 195 and Springland Blvd. There were two occupants in the vehicle, Mr. Ray and a female. I continued to 513 Bass Rd., the location of the sheriffs units and park unit.

When I arrived at 513 Bass Rd. I parked outside the fence and walked toward the house. I met Sheriff Byers about half way to the house and he briefly explained what was going on and said that we needed to find Mr. Ray. I told him that I had just seen Mr. Ray on the road. Byers and myself, in Byers unit, proceeded toward the area where I had seen Mr. Ray. Park Rangers Lanford and Degase were behind us in Lanford's unit.

As we were travelling west on Springland Blvd. we met the vehicle that Mr. Ray was in going east. Byers and myself turned around and initiated a felony traffic stop east bound on Springland Blvd. with Lanford and Degase. I used the PA system in Byers unit to call Mr. Ray out of the vehicle and prone him out on the ground in front of the unit. Lanford hand cuffed Mr. Ray and patted him down before putting him in Byers unit. I then called out the female that was in the motor home and Degase hand cuffed her. Lanford and myself then checked the vehicle for more passengers, none were found. I then put on rubber gloves to search the female that was removed from the vehicle as she was very bloody. After searching her I put her in deputy Elston's unit which had arrived on the

STATUS	REPORTING OFFICER (PRINT) Byron Wilson	RANK II	I.D. NO. 350	DATE 03 / 24 / 99	DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO		I.D. NO.	DATE
	LISTING OFFICER (PRINT)	RANK	I.D. NO.	DATE	PROCESSED BY	DATE	DATA ENTRY PERSON	DATE
	APPROVING OFFICER (PRINT) R. F. Hecker	RANK Sgt	I.D. NO. 146	DATE 3 / 24 / 99	INCIDENT STATUS ACTIVE <input type="checkbox"/> BACK <input type="checkbox"/> CLOSED <input type="checkbox"/> UZ <input type="checkbox"/> CL.A. <input type="checkbox"/> CLE <input type="checkbox"/>		EXCEPT CODE	DATE
	AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)				CASES CLEARED BY THIS ARREST CASE NO.		CASE NO.	REV 3/94

STATE OF NEW MEXICO SUPPLEMENTAL REPORT		ORIGINAL OFFENSE DATE 03 / 22 / 99	SUPP. DATE 03 / 24 / 99	CASE NO.	INC. # 99-10-0012	PAGE 2	OF 2
ORIGINAL OFFENSE REPORTED Kidnapping		ORIGINAL VICTIM'S NAME (LAST, FIRST, MIDDLE) Vigil, Cynthia				DATE OF BIRTH 09 / 15 / 77	
LOCATION OF OCCURRENCE 3 Bass Road Elephant Butte State Park							

scene. Deputy Elston then said that he was going to read both subjects their Maranda rights.

Sheriff Byers transported Mr. Ray to the Boating Safety Training Center at Elephant Butte State Park. Deputy Elston transported the female to the hospital to be checked by a doctor.

I returned to Bass Rd. to get my unit and then went to the Training Center. I helped watch Mr. Ray and when the State Police arrived I gave a statement to Agent Ramirez. There was no conversation between myself and Mr. Ray. At approximately 2230hrs I left the Training Center.

STATUS	REPORTING OFFICER (PRINT) Buron Wilson	RANK II	I.D. NO. 350	DATE 03/24/99	DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO		I.D. NO.	DATE
	TESTING OFFICER (PRINT)	RANK	I.D. NO.	DATE	PROCESSED BY	DATE	DATA ENTRY PERSON	DATE
	APPROVING OFFICER (PRINT) RIF Hochler	RANK Sgt	I.D. NO. 196	DATE 3/24/99	INCIDENT STATUS ACTIVE <input type="checkbox"/> DEAC <input type="checkbox"/> CLM <input type="checkbox"/> UF <input type="checkbox"/> CLM <input type="checkbox"/> CLM <input type="checkbox"/>		EXCEPT CODE	DATE
	AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)				CASES CLEARED BY THIS ARREST		CASE NO.	CASE NO.
				CASE NO.				REV. 3/94

ATTACHMENT #12

COPY OF LONG DISTANCE TELEPHONE RECORDS

(03-01-98 TO 01-31-99)

NEW MEXICO STATE POLICE RECEIPT FOR PROPERTY OR EVIDENCE

NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED

ADDRESS (Include Zip Code)



owner

New Mexico State Parks

2040 S. Pacheco

other

%

Santa Fe NM 87504

LOCATION WHERE PROPERTY WAS OBTAINED

Telephone Number 894-2306 & Time Sheets on DAVID P. RAY

PURPOSE FOR WHICH OBTAINED

EVIDENCE

LOCATION WHERE PROPERTY WILL BE STORED

NMSP.

ITEM NR	QUANTITY	DESCRIPTION OF ARTICLES (include model, serial Nr, identifying marks, condition, and value)
C	13	1) Fax Cover Sheet w/ 12 Telephone copy's of Telephone Records - Long distance Numbers 894-2306
D	107	N.M. State Parks Time Sheets on DAVID P. RAY From 07-29-95 to 03-19-99

I CERTIFY THAT I HAVE RECEIVED AND HOLD MYSELF RESPONSIBLE FOR THE ARTICLES LISTED.

DATE & TIME REC'D

TYPED NAME

SIGNATURE

CHAIN OF CUSTODY

[illegible]



New Mexico State Parks Division

2040 S. Pacheco • P.O. Box 1147
Santa Fe, New Mexico 87504



FAX: 505-827-1376

Voice: 505-827-7173

Date: 3/26/99

To: Billie Jean

Company: _____

Fax Number: _____

City / State: _____

No. of Pages (including cover) 11

From: Paula

Subject: _____

Comments: Phone records for 894-2306

I was unable to locate telephone
records for June & November. If
this is an issue let us know
we will look again

REPORT NO: 3540004
 CUSTOMER NO: DB1404
 ACCOUNT NO: GNM5001004

CHARGE DETAIL REPORT
 STATE OF N.M. - OFFICE OF COMMUNICATIONS

PAGE NO: 14864
 FROM: MAR 01 THRU MAR 31 1998

GL CODE: 521 E M R D
 AGENCY: .05 PARKS & RECREATION
 DIVISION: .05 PARKS & RECREATION

REMARKS

CITY	ST	DATE	DAY	TIME	MINUTES	NU	COST	TYPE	SERVICE
ALBUQUERQUE	NM	3/05	THU	8:07 AM	6.7		\$.99	DIRECT	DIAL
		3/10	TUE	1:00 PM	2.1		.31	DIRECT	DIAL
		3/31	TUE	10:32 AM	1.7		.25	DIRECT	DIAL
LAS CRUCES	NM	3/31	MON	9:23 AM	3.7		.55	DIRECT	DIAL
LAS CRUCES	NM	3/09	MON	9:23 AM	9		.13	DIRECT	DIAL
LAS CRUCES	NM	3/11	WED	9:03 AM	2.3		.34	DIRECT	DIAL
LAS CRUCES	NM	3/20	FRI	9:30 AM	1.7		.25	DIRECT	DIAL
LAS CRUCES	NM	3/04	WED	9:55 AM	4		.06	DIRECT	DIAL
		3/31	TUE	10:18 AM	3		.04	DIRECT	DIAL
		3/31	TUE	10:22 AM	1.4		.21	DIRECT	DIAL
		3/31	TUE	10:23 AM	1.7		.10	DIRECT	DIAL
LAS CRUCES	NM	3/03	TUE	7:44 PM	3.8		.44	DIRECT	DIAL
NIMBRES	NM	3/03	TUE	1:24 PM	2.6		.38	DIRECT	DIAL
NIMBRES	NM	3/03	TUE	3:44 PM	2.6		.09	DIRECT	DIAL
DEMING	NM	3/03	TUE	9:00 AM	2.3		.34	DIRECT	DIAL
		3/03	TUE	1:28 PM	2.7		.10	DIRECT	DIAL
		3/16	MON	9:04 AM	2.1		.31	DIRECT	DIAL
		3/23	TUE	8:13 AM	6		.09	DIRECT	DIAL
		3/24	TUE	7:26 AM	3		.04	DIRECT	DIAL
		3/24	TUE	7:42 AM	6		.09	DIRECT	DIAL
		3/24	TUE	7:46 AM	7		.18	DIRECT	DIAL
		3/24	TUE	10:29 AM	37.1		5.47	DIRECT	DIAL
AZTEC	NM	3/17	WED	7:44 AM	1.7		.10	DIRECT	DIAL
BELEN	NM	3/05	THU	8:03 PM	1.3		.19	DIRECT	DIAL
		3/10	TUE	1:04 PM	1.7		.18	DIRECT	DIAL
ALBUQUERQUE	NM	3/24	TUE	8:13 AM	1.3		.19	DIRECT	DIAL
ALBUQUERQUE	NM	3/04	WED	1:22 PM	1.3		.19	DIRECT	DIAL

980301/980331/98114/2206/CS400000/890928/000000

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NM STATE PARKS

MAR-26-99 FRI 09:18

STATE OF N.M. - OFFICE OF COMMUNICATIONS
 CHARGE DETAIL REPORT

REPORT NO: 3548004
 CUSTOMER NO: 001404
 ACCOUNT NO: GNM5001004

GL CODE: 521 E M N R D
 AGENCY: .05 PARKS & RECREATION
 DIVISION:

CHARGE TO: 8942306
 WAREHOUSE, ELEPHANT BUTTE

SUMMARY TOTALS			T O T A L S		H I S T O R Y	
			MINUTES	COST	LAST MONTH	Y-T-D
NO. CALLS	26	0	76.5	\$11.26	\$4.34	\$8.38
A V E R A G E S						
MIN/CALL	2.94	.00				
COST/CALL	\$1.15	.00				
COST/MIN	\$0.08	.00				
NETWK/(827)/(841)						
INTRN/LATA/(505)						
INTER/LATA8/INTL						
CREDI/CARD						
LOCAL/EQUIP						
TOTALS	2.94	\$1.15	76.5	\$11.26	\$4.34	\$60.65

APPROVED: *[Signature]* DATE: 3-3-98

APPROVED: DATE:

980301/980331/98114/2206/CE5400000/899928/000000

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ATTACHMENT #13

**COPY OF NM STATE PARKS ATTENDANCE RECORDS ON
DAVID PARKER RAY**

NEW MEXICO STATE POLICE RECEIPT FOR PROPERTY OR EVIDENCE

NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED

ADDRESS (Include Zip Code)



owner

New Mexico State Parks

other

c/o

2040 S. Pacheco

Santa Fe NM 87504

LOCATION WHERE PROPERTY WAS OBTAINED

Telephone Number 894-2306 & Time Sheets on DAVID P. RAY

PURPOSE FOR WHICH OBTAINED

EVIDENCE

LOCATION WHERE PROPERTY WILL BE STORED

NMSP.

ITEM
NR

QUAN-
TITY

DESCRIPTION OF ARTICLES
(include model, serial Nr, identifying marks, condition, and value)

C

13

1) Fax Cover Sheet w/ 12 Telephone copy's of
Telephone Records - Long distance Numbers

D

107

N.M. State Parks Time Sheets on DAVID P. RAY
from 02-29-95 to 03-19-99

I CERTIFY THAT I HAVE RECEIVED AND HOLD MYSELF RESPONSIBLE FOR THE ARTICLES LISTED.

DATE & TIME REC'D

TYPED NAME

SIGNATURE

CHAIN OF CUSTODY

[illegible]

TIME SHEET

Name : RAY, DAVID P

BON :

JA: C

Division : **PARK AND RECREATION**

Location : **ELEPHANT BUTTE**

Pay Period : 07/29/95 - 08/11/95

Employee Signature

Week 2

Date	8/5	8/6	8/7	8/8	8/9	8/10	8/11
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:50 4:30				
Lunch Period			12:00 1:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
	X	X	8	8	8	8	8
Total Hours			40	40			
Regular Hours			40	40			
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							
Total Week 2	X	X	8	8	8	8	8

[illegible]

Supervisor

Week 2

[illegible]

STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 08/12/95 - 08/25/95

Week 1

Date	8/12	8/13	8/14	8/15	8/16	8/17	8/18	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule	OFF	OFF	7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
ELEPHANT BUTTE 05010703	X	X	8	8	8	8	8	40	40												
Total Week 1	X	X	8	8	8	8	8	40	40												

Week 2

Date	8/19	8/20	8/21	8/22	8/23	8/24	8/25	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
ELEPHANT BUTTE 05010703	X	X	8	8	8	8	8	40	40												
Total Week 2	X	X	8	8	8	8	8	40	40												

Pay Period Totals

80 80

40 40 AL

Employee Signature

Supervisor

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

C

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 08/26/95 - 09/08/95

Week 1

Date	8/26	8/27	8/28	8/29	8/30	8/31	9/1
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30 4:30				7:30 4:30
Lunch Period			12:00 1:00				12:00 1:00
Responsibility Center			8	8	8	8	8
Total Week 1			8	8	8	8	8
Total Hours			40				40
Regular Hours			40				40
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Week 2

Date	9/2	9/3	9/4	9/5	9/6	9/7	9/8
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	7:30 4:30		Holiday		7:30 4:30		
Lunch Period	12:00 1:00		Holiday		12:00 1:00		
Responsibility Center	8	8		8	8	8	
Total Week 2							
Total Hours							
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Employee Signature

Supervisor

Pay Period Totals

80 72

80

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

ASA: C

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 09/23/95 - 10/06/95

Week 2

Date	9/30	10/1	10/2	10/3	10/4	10/5	10/6	
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Time Schedule	OFF	OFF	7:30 4:30					
Lunch Period	OFF	OFF	12:00 1:00					
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
ELEPHANT BUTTE 05010703	OFF	OFF	8	8	8	8	8	
Total Hours			40	40				
Regular Hours			40	40				
Shift Differential								
Annual Leave								
Sick Leave								
Overtime Hours								
Holiday Worked								
Holiday Taken								
Actual Comp Workd								
Comp Time Earned								
Comp Time Taken								
Call Back Time								
Standby Time								
Personal Hol. Taken								
Total Week 2	OFF	OFF	16	16	16	16	16	80

Pay Period Totals

80 80

Employee Signature



Supervisor

Date	9/23	9/24	9/25	9/26	9/27	9/28	9/29	
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Time Schedule	OFF	OFF	7:30 4:30					
Lunch Period	OFF	OFF	12:00 1:00					
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
ELEPHANT BUTTE 05010703	OFF	OFF	8	8	8	8	8	
Total Hours			40	40				
Regular Hours			40	40				
Shift Differential								
Annual Leave								
Sick Leave								
Overtime Hours								
Holiday Worked								
Holiday Taken								
Actual Comp Workd								
Comp Time Earned								
Comp Time Taken								
Call Back Time								
Standby Time								
Personal Hol. Taken								
Total Week 1			8	8	8	8	8	40

TIME SHEET

Division: **PARK AND RECREATION**

Pay Period : 10/07/95 - 10/20/95

Supervisor

[illegible]

TIME SHEET

Name: RAY, DAVID P

90N :

C

Division : **PARK AND RECREATION**

Location : ELEPHANT BUTTE

Pay Period: 10/21/95 - 11/03/95

Week 1

Date	10/21	10/22	10/23	10/24	10/25	10/26	10/27
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	X	X	150 430				
Lunch Period	X	X	12:00 1:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
ELEPHANT BUTTE 05010723	X	X	8	8	8	8	8
Total Hours			40				
Regular Hours			40				
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							
Total Week 1	X	X	8	8	8	8	8
			40				
			40				

Week 2

Date	10/28	10/29	10/30	10/31	11/1	11/2	11/3	
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Time Schedule			7:30 4:30					N
Lunch Period			1:20 1:00					N
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours
ELEPHANT BUTTE 05910788	X	X	8	8	8	8	8	40 40
								Regular Hours
								Shift Differential
								Annual Leave
								Sick Leave
								Overtime Hours
								Holiday Worked
								Holiday Taken
								Actual Comp Workd
								Comp Time Earned
								Comp Time Taken
								Call Back Time
								Standby Time
								Personal Hol. Taken
Total Week 2	X	X						40 40

Employee Signature

Supervisor

Pay Period Totals

808

TIME SHEET

Name : RAY, DAVID P

SSN : [REDACTED]

C

Division : PARK AND RECREATION

Location : ELEPHANT BUTTE

Pay Period : 11/04/95 - 11/17/95

Week 1

Date	11/4	11/5	11/6	11/7	11/8	11/9	11/10	
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Time Schedule			7:30 8:30			7:30 8:30	Holiday	
Lunch Period			12:00 1:00			12:00 1:00	Holiday	
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
ELEPHANT BUTTE			8	8	8	8	8	
05010703			8	8	8	8	8	
Holiday							8	
Comp Time						1		
Total Week 1			8	8	8	9	8	41
Total Hours								
Regular Hours								
Shift Differential								
Annual Leave								
Sick Leave								
Overtime Hours								
Holiday Worked								
Holiday Taken								
Actual Comp Workd						1		
Comp Time Earned						1.5		
Comp Time Taken								
Call Back Time								
Standby Time								
Personal Hol. Taken								

Week 2

Date	11/11	11/12	11/13	11/14	11/15	11/16	11/17	
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Time Schedule			7:30 8:30					
Lunch Period			12:00 1:00					
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
ELEPHANT BUTTE			8	8	8	8	8	
05010703			8	8	8	8	8	
Total Week 2			8	8	8	8	8	40
Total Hours								
Regular Hours								
Shift Differential								
Annual Leave								
Sick Leave								
Overtime Hours								
Holiday Worked								
Holiday Taken								
Actual Comp Workd								
Comp Time Earned								
Comp Time Taken								
Call Back Time								
Standby Time								
Personal Hol. Taken								

Pay Period Totals

81

11.5

Employee Signature

[Signature]

Supervisor

[Signature]

TIME SHEET

Name: RAY, DAVID P

C

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 11/18/95 - 12/01/95

Week 1

Date	11/18	11/19	11/20	11/21	11/22	11/23	11/24
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	11:30	11:30	11:30	11:30	11:30	11:30	11:30
Lunch Period							
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
ELEPHANT BUTTE			8	8	8	8	8
CS010703						8	8
Total Week 1			8	8	8	8	8
Total Hours						24	24
Regular Hours						24	24
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken						16	16
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Week 2

Date	11/25	11/26	11/27	11/28	11/29	11/30	12/1
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule							
Lunch Period							
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
ELEPHANT BUTTE							
CS010703							
Total Week 2							
Total Hours							
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Employee Signature

Supervisor

Pay Period Totals

40 24

16

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 12/16/95 - 12/29/95

Employee Signature

Supervisor

Week 1

Date	12/16	12/17	12/18	12/19	12/20	12/21	12/22
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	LEAVE WITHOUT PAY						
Lunch Period							
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
ELEPHANT BUTTE 05010703							
Total Week 1							
Total Hours							
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Week 2

Date	12/23	12/24	12/25	12/26	12/27	12/28	12/29
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			Holiday	7:30 4:30			
Lunch Period			Holiday	12:00 1:00			
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
ELEPHANT BUTTE 05010703				8	8	8	8
Holiday			8				
Total Week 2			8	8	8	8	8
Total Hours							
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Pay Period Totals

46

8

TIME SHEET

2

Location : ELEPHANT BUTTE

Pay Period : 12/30/95 - 01/12/96

Week 1

Date	12/30	12/31	1/1	1/2	1/3	1/4	1/5
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	X	X	Holiday	7:30 4:30			
Lunch Period	X	X		12:00 1:00			
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
llf				8	8	8	8
Holiday			8				
Total Week 1	8	8	8	8	8	8	40
Total Hours							
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken			8				
Actual Comp Worked							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Week 2

Date	1/6	1/7	1/8	1/9	1/10	1/11	1/12
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	X	X	7:30 4:30				
Lunch Period	X	X	12:00 1:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
			8	8	8	8	8
Total Hours			40				
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							
Total Week 2	8	8	8	8	8	8	40

Pay Period Totals

82

8

Employee Signature _____

Supervisor

STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 01/13/96 - 01/26/96

Employee Signature

Supervisor

Week 1

Date	1/13	1/14	1/15	1/16	1/17	1/18	1/19	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			Holiday	7:30 4:30	7:30 3:00	7:30 4:30	7:30 11:30														
Lunch Period				1:00 1:00	1:00 1:00	1:00 1:00	1:00 1:00														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
ELEPHANT BUTTE 05010703				8	5.5	8	4	85.5	85.5												
Holiday			8					8							8						
Comp					2.5			2.5										2.5			
Sick Lv.							4	4				4									
Total Week 1			8	8	8	8	8	40	35			4			8			2.5			

Week 2

Date	1/20	1/21	1/22	1/23	1/24	1/25	1/26	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			1:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
ELEPHANT BUTTE 05010703			8	8	8	8	8	40	40												
Total Week 2			8	8	8	8	8	40	40												

Pay Period Totals

80 65.5

4

8

2.5

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR LEAVE OR OVERTIME

Employee Name: DAVID P. RAY Social Security # 525-94-0444 Date: 2-9-96
Division: ENMRD

Type of Leave: (Use corresponding number for the appropriate type of leave used, below)

- | | | |
|-------------------|---|-------------------------|
| 1. Annual | 4. Sick | 7. Leave Without Pay |
| 2. Administrative | 5. Personal Leave Day | 8. Military |
| 3. Compensatory | 6. Overtime
(must have prior approval) | 9. Educational |
| | | 10. Board or Commission |

LEAVE #1	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____ (Circle One) Ending: Date _____ TIME _____ AM PM	
LEAVE #2	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____ (Circle One) Ending: Date _____ TIME _____ AM PM	
LEAVE #3	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____ (Circle One) Ending: Date _____ TIME _____ AM PM	
LEAVE #4	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____ (Circle One) Ending: Date _____ TIME _____ AM PM	

AUTHORIZATION:

DAVID P. RAY
EMPLOYEE SIGNATURE

James M. L. Bell
SIGNATURE AND TITLE APPROVING AUTHORITY

REMARKS:

ONE HOUR OF COMP. TIME ACCRUED BETWEEN 4:30 AND 5:30 P.M. 1-25-96.

(Note: An employee may be required to furnish a doctor's certificate if the duration of the illness exceeds three (3) working days.)

TIME SHEET

Name : RAY, DAVID P

Division : **PARK AND RECREATION**

Location : **ELEPHANT BUTTE**

Pay Period : 02/10/96 - 02/23/96

Week 1

[illegible]

Week 2

Date	2/17	2/18	2/19	2/20	2/21	2/22	2/23
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7 ³⁰ 4 ³⁰				
Lunch Period			1 ²⁰⁰ 1 ⁰⁰				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
			8	8	8	8	8
Total Hours			40	40			
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							
Total Week 2			8	8	8	8	8
			40	40			

Employee Signature

Supervisor

Pay Period Totals

33

50

Supervisor

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR LEAVE OR OVERTIME

Employee Name: David P. Ray Social Security # 525 94 0444 Date: 3-25-96
Division: EMNRD - State Parks

Type of Leave: (Use corresponding number for the appropriate type of leave used, below)

- | | | |
|-------------------|---|-------------------------|
| 1. Annual | 4. Sick | 7. Leave Without Pay |
| 2. Administrative | 5. Personal Leave Day | 8. Military |
| 3. Compensatory | 6. Overtime
(must have prior approval) | 9. Educational |
| | | 10. Board or Commission |

LEAVE #1 Disapproved <input type="checkbox"/>	Total # of Hours Taken: <u>16</u>	Type of Leave: <u>4</u> (place # from above, here)
	Beginning: Date <u>3-21-96</u> TIME <u>7:30</u> (Circle One) <u>AM</u> PM	Ending: Date <u>3-22-96</u> TIME <u>4:30</u> AM <u>PM</u>
LEAVE #2 Approved <input type="checkbox"/>	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
	Beginning: Date _____ TIME _____ (Circle One) _____ AM PM	Ending: Date _____ TIME _____ AM PM
LEAVE #3 Disapproved <input type="checkbox"/>	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
	Beginning: Date _____ TIME _____ (Circle One) _____ AM PM	Ending: Date _____ TIME _____ AM PM
LEAVE #4 Disapproved <input type="checkbox"/>	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
	Beginning: Date _____ TIME _____ (Circle One) _____ AM PM	Ending: Date _____ TIME _____ AM PM

AUTHORIZATION:

David P. Ray
EMPLOYEE SIGNATURE

[Signature]
SIGNATURE AND TITLE, APPROVING AUTHORITY

REMARKS:

Medical release attached

(Note: An employee may be required to furnish a doctor's certificate if the duration of the illness exceeds three (3) working days.)

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 03/09/96 - 03/22/96

FLSA: C

Employee Signature

Supervisor

Week 1

Date Day of the Week	3/9 Sat	3/10 Sun	3/11 Mon	3/12 Tue	3/13 Wed	3/14 Thu	3/15 Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Time Schedule			7:30 1:30	OFF	7:30 4:30																
Lunch Period			12:00 1:00	OFF	12:00 1:00																
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
SICK LEAVE			3	8				11													
Total Week 1	8	8	8	8	8	8	8	40				11									

Week 2

Date Day of the Week	3/16 Sat	3/17 Sun	3/18 Mon	3/19 Tue	3/20 Wed	3/21 Thu	3/22 Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Time Schedule			7:30 1:00	5 4	OFF	7:30 4:30															
Lunch Period			12:00 1:00	12:00 1:00	OFF	12:00 1:00															
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
SICK LEAVE			5.5	8	8			21.5													
Total Week 2	8	8	8	8	8	8	8	40				21.5									

Pay Period Totals

80

32.5

19

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 03/23/96 - 04/05/96

Week 1

Date	3/23	3/24	3/25	3/26	3/27	3/28	3/29
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	11:00	6:00	7:30 4:30	7:30 4:30	SICK	LEAVE	
Lunch Period							
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Elephant Butte							
Sick Leave	-	-	8	8	8	8	8
Total Week 1	-	-	8	8	8	8	8
Total Hours							
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Week 2

Date	3/30	3/31	4/1	4/2	4/3	4/4	4/5
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule							
Lunch Period							
Responsibility Center							
Elephant Butte 05010706							
Sick Leave			8	8	8		24
Comp Time						8	8
Admin Leave							8
Total Week 2							40
Total Hours							
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Pay Period Totals

80 44 8

Employee Signature

Supervisor

Plus Comp = 16.75
Comp Taken = 8.00
Comp Bal = 8.75

Adm. Leave

[illegible]

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

LSA: 3

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 04/20/96 - 05/03/96

Week 1

Date	4/20	4/21	4/22	4/23	4/24	4/25	4/26
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30 4:30				
Lunch Period			12/1				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
05010201							
Annual			8	8	8	8	8
Total Week 1	-	-	8	8	8	8	8
Total Hours			40				
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Week 2

Date	4/27	4/28	4/29	4/30	5/1	5/2	5/3
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30 4:30				
Lunch Period			12:00 1:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
05010201			8	8	8	8	8
Total Week 2	-	-	8	8	8	8	8
Total Hours			40				
Regular Hours			40				
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Pay Period Totals

30 40 40

Employee Signature

Supervisor

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 05/04/96 - 05/17/96

Week 1

Date	5/4 Sat	5/5 Sun	5/6 Mon	5/7 Tue	5/8 Wed	5/9 Thu	5/10 Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30	7:30 4:30																	
Lunch Period				12:00 1:00	12:00 1:00	12:00 1:00	12:00 1:00														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
ELEPHANT BUTTE			8	8	8	8	8	32	32			8									
Comp			1					1									1.5				
Sick								8													
Total Week 1			9	8	8	8	8	41	32			8					1.5				

Week 2

Date	5/11 Sat	5/12 Sun	5/13 Mon	5/14 Tue	5/15 Wed	5/16 Thu	5/17 Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
ELEPHANT BUTTE			8	8	8	8	8	40	40												
Comp																					
Sick																					
Total Week 2			8	8	8	8	8	40	40												

Pay Period Totals

81 32

8

1.5

Comp Bal = 8.75

Comp earned = 1.50

Bal 10.25

Employee Signature

Supervisor

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name : RAY, DAVID P

SSN : [REDACTED]

C

Division : PARK AND RECREATION

Location : ELEPHANT BUTTE

Pay Period : 05/18/96 - 05/31/96

Week 1

Date	5/18	5/19	5/20	5/21	5/22	5/23	5/24	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30	7:30 4:30	7:30 4:30	7:30 4:30	7:30 4:30	40	40												
Lunch Period				1:00 1:00		1:00 1:00		3													
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
ELEPHANT BUTTE 05010703			8	8	8	8	8	40	40												
Comp			1		1		1	3								3	4.5				
Total Week 1			9	8	9	8	9	43	40							3	4.5				

Week 2

Date	5/25	5/26	5/27	5/28	5/29	5/30	5/31														
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule	7:30 4:30	— —	7:30 11:30	7:30 4:30	7:30 4:30	OTF	OTF														
Lunch Period	1:00 1:00	— —	— —	1:00 1:00	1:00 1:00	OTF	OTF														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
ELEPHANT BUTTE 05010703	8	8	8	8	8	—	—	40	40												
Holiday			4											4							
Holiday TAKE			4												4		6				
Total Week 2	8	8	12	8	8	—	—	44	40					4							

Pay Period Totals

87	80							4			3	4.5									
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Employee Signature

Supervisor

THE BIBLE

FLS... C

Pay Period : 06/01/96 - 06/14/96

Employee Signature

Supervisor

Date	6/1	6/2	6/3	6/4	6/5	6/6	6/7
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7 ³⁰ 4 ³⁰				
Lunch Period			NONE	NONE	12 ⁰⁰ 1 ⁰⁰		
Responsibility Carrier							
ELFRANI BUTE 06016703	/	/	8	8	8	8	8
Comp. Added			1	1			
Total Hours			40	40			
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd			2				
Comp Time Earned			5				
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							
Total Week 1			42	40			

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 06/15/96 - 06/28/96

Week 1

Date	6/15	6/16	6/17	6/18	6/19	6/20	6/21	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:00	7:30 2:30	7:30 4:30																
Lunch Period			1:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
ELEPHANT BUTTE 05010703			8	6	8	8	8	38	38												
Comp. Hour				2				2										2			
Total Week 1			8	8	8	8	8	40										2			

Week 2

Date	6/22	6/23	6/24	6/25	6/26	6/27	6/28	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			1:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
ELEPHANT BUTTE 05010703			8	8	8	8	8	40	40												
Total Week 2			8	8	8	8	8	40	40												

Pay Period Totals

86 78

2

Employee Signature

Supervisor

TIME SHEET

Name : RAY, DAVID P.

SSN : [REDACTED]

LS : [REDACTED]

Employee Signature

Supervisor

Division : PARK AND RECREATION

Location : ELEPHANT BUTTE

Pay Period : 07/13/96 - 07/26/96

Week 1

Date	7/13	7/14	7/15	7/16	7/17	7/18	7/19	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			730 1230																		
Lunch Period			1200 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
0547	/	/	8	8	8	8	8	40	40												
COMP TIME 7/13/96								2								2	3				
Total Week 1			8	8	8	8	8	40	40												

Week 2

Date	7/20	7/21	7/22	7/23	7/24	7/25	7/26														
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule				7:30 4:30				↓													
Lunch Period				7:00 1:00				↓													
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
0547	/	/		8	8	8	8	32	32												
PERSONAL HOLIDAY			8					8													8
Total Week 2								40	32												8

Pay Period Totals

8272

25

8

TIME SHEET

Name: RAY, DAVID P

Job No:

C

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 07/27/96 - 08/09/96

Week 1

Date	7/27	7/28	7/29	7/30	7/31	8/1	8/2
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30 4:30				
Lunch Period			12:00 1:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
			8	8	8	8	8
Total Week 1	8	8	8	8	8	8	8
Total Hours			40				
Regular Hours			40				
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

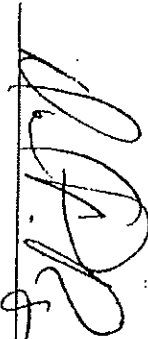
Week 2

Date	8/3	8/4	8/5	8/6	8/7	8/8	8/9
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30 4:30				
Lunch Period			12:00 1:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
			8	8	8	8	8
Total Week 2	8	8	8	8	8	8	8
Total Hours			40				
Regular Hours			40				
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

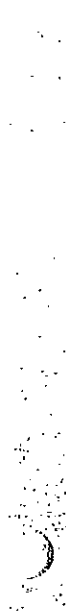
Pay Period Totals

80 80

Employee Signature



Supervisor



TIME SHEET

Name : RAY, DAVID P

Division : PARK AND RECREATION

Location : ELEPHANT BUTTE

Pay Period : 08/10/96 - 08/23/96

FLSA : C

Employee Signature

Supervisor

Week 1

Date	8/10	8/11	8/12	8/13	8/14	8/15	8/16
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30 4:30				
Lunch Period			1:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Sick Leave							
Total Week 1	8	8	8	8	8	8	8
Total Hours	40	24	16				
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Week 2

Date	8/17	8/18	8/19	8/20	8/21	8/22	8/23
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule							
Lunch Period							
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Total Week 2	8	8	8	8	8	8	8
Total Hours	40	40					
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Pay Period Totals

86

16

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

ESA: [REDACTED]

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 08/24/96 - 09/06/96

Week 1

Date	8/24	8/25	8/26	8/27	8/28	8/29	8/30
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	/	/	7:30 4:30	/	/	/	/
Lunch Period	/	/	12:00 1:00	/	/	/	/
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
	/	/	8	8	8	8	8
Total Week 1	/	/	8	8	8	8	8
Total Hours			40	40			
Regular Hours			40	40			
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Week 2

Date	8/31	9/1	9/2	9/3	9/4	9/5	9/6
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	7:30 4:30	/	Holiday	OFF	OFF	7:30 4:30	/
Lunch Period	12:00 1:00	/	/	/	/	12:00 1:00	/
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
	8	8	8	/	/	8	8
Total Week 2	8	8	8	/	/	8	8
Total Hours			32			32	
Regular Hours			32			32	
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken			8				
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Employee Signature

Supervisor

Pay Period Totals

80

32

32

8

8

8

8

8

8

8

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8

8

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8

8

8

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name : RAY, DAVID P

SS :

FLS :

Division : PARK AND RECREATION

Location : ELEPHANT BUTTE

Pay Period : 09/07/96 - 09/20/96

Week 1

Date Day of the Week	9/7 Sat	9/8 Sun	9/9 Mon	9/10 Tue	9/11 Wed	9/12 Thu	9/13 Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Time Schedule			7:30 4:30				7:30 11:30														
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
0547			8	8	8	8	8														
Total Week 1																					

Week 2

Date Day of the Week	9/14 Sat	9/15 Sun	9/16 Mon	9/17 Tue	9/18 Wed	9/19 Thu	9/20 Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Time Schedule			7:30 4:30		SICK LEAVE	7:30 4:30															
Lunch Period			12:00 1:00			12:00 1:00															
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
0547			8	8	8	8	8														
SICK LEAVE					8		8														
Total Week 2																					

Pay Period Totals

80	72																				
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Employee Signature

Supervisor

[Handwritten Signature]

[Handwritten Signature]

STATE OF NE MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 11/02/96 - 11/15/96

Week 1

Date	11/2	11/3	11/4	11/5	11/6	11/7	11/8	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30			7:00 5:00	7:30 4:30														
Lunch Period			12:00 1:00			NONE	12:00 1:00														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
OS47			8	8	8	8	8	40	40							2	3				
Comp Time						2		2													
Total Week 1			8	8	8	10	8	42	40							2	3				

Week 2

Date	11/9	11/10	11/11	11/12	11/13	11/14	11/15	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30	7:30 4:30	7:30 4:30	7:30 4:30	7:30 4:30														
Lunch Period			12:00 1:00	NONE	12:00 1:00	12:00 1:00	12:00 1:00														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
OS47			8	8	8	8	8	32	32												
Sick Leave						8		8													
Comp Time				1				1								1	1.5				
Total Week 2			8	8	8	8	8	44								1	1.5				

Pay Period Totals

83

8

8

4.5

Employee Signature

Supervisor

TIME SHEET

FLB. . . C

Pay Period : 11/16/96 - 11/29/96

Week 1

Date Day of the Week	11/16 Sat	11/17 Sun	11/18 Mon	11/19 Tue	11/20 Wed	11/21 Thu	11/22 Fri															
Time Schedule	/	/	7:30 4:30	6:00 4:30	7:30 4:30	/	/	✓														
Lunch Period	/	/	12:00 1:00	12:00 1:00	13:00 1:00	/	/	✓														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Worked	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken	
	/	/	8	8	8	8	8	40	40							4	6					
Comp.				4				4														
Total Week 1	/	/	8	12	8	8	8	44	40							4	6					

Week 2

Date	11/23	11/24	11/25	11/26	11/27	11/28	11/29
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	/	/	7:30 4:30	/	/	Holidays	/
Lunch Period	/	/	12:00 1:00	/	/	/	/
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
	/	/	8	8	8	8	8
Total Hours	/	/	40	34	16	16	16
Regular Hours	/	/	40	34	16	16	16
Shift Differential	/	/					
Annual Leave	/	/					
Sick Leave	/	/					
Overtime Hours	/	/					
Holiday Worked	/	/					
Holiday Taken	/	/					
Actual Comp Workd	/	/					
Comp Time Earned	/	/					
Comp Time Taken	/	/					
Call Back Time	/	/					
Standby Time	/	/					
Personal Hol. Taken	/	/					

Pay Period Totals

28

2

18

100

1

525

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10

100

100

Employee Signature

Supervisor

15

Adm. & M. T. P. R. D. R. K. H. L.

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

RAY, DAVID P

Division : PARK AND RECREATION
Location : ELEPHANT BUTTE

Pay Period : 11/30/96 - 12/13/96

SSN :
FLSA :

Employee Signature

Supervisor

Pay Period Totals

855.72

8

851.75

Date	12/7	12/8	12/9	12/10	12/11	12/12	12/13	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	40	40												
Total Week 2	8	8	8	8	8	8	8	40	40												

Week 2

Date	11/30	12/1	12/2	12/3	12/4	12/5	12/6	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30	6:00 7:30	7:00 7:00	7:30 4:30															
Lunch Period			12:00 1:00		13:00 1:00	12:00 1:00															
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	32.32	32												
Comp Worked				5.5	3			8.5									8.5	12.75			
Sick Leave																					
Total Week 1	8	13.5	11	8	8	8	8	48.5	32								8.5	12.75			

Week 1

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

FLSA: C

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 12/14/96 - 12/27/96

Week 2

Date	12/21	12/22	12/23	12/24	12/25	12/26	12/27
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			730 430		Holiday		
Lunch Period			1200 100				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
			8	8	8	8	8
(Camp Take)				8	8	8	8
Holiday				8			
Total Week 2							40
Pay Period Totals	40	8					34

Date	12/14	12/15	12/16	12/17	12/18	12/19	12/20
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			730 430				
Lunch Period			1200 100				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
			8	8	8	8	8
Total Week 1			8	8	8	8	8
Pay Period Totals	40	40					

Employee Signature

Supervisor

TIME SHEET

Name : RAY, DAVID P

Division : **PARK AND RECREATION**

Location : ELEPHANT BUTTE

Pay Period : 12/28/96 - 01/10/97

Week 1

Date	12/28	12/29	12/30	12/31	1/1	1/2	1/3	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30			7:30 4:30															
Lunch Period			12:00 1:00			12:00 1:00															
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
	/	/	8	8		8	8	32	32												
Holiday					8			8							8						
Total Week 1	/	/	8	8	8	8	8	40							8						

Week 2

[illegible]

Employee Signature

Supervisor

Pay Period Totals

28

8

TIME SHEET

Name: RAY, DAVID P

C

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 01/11/97 - 01/24/97

Week 1

Date	1/11	1/12	1/13	1/14	1/15	1/16	1/17	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:00	7:30 4:30																	
Lunch Period			12:00 1:00	12:00 1:00																	
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
			8	8	8	8	8	40	40												
Total Week 1			8	8	8	8	8	40	40												

Week 2

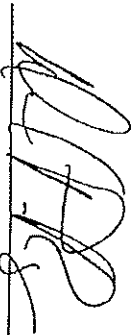
Date	1/18	1/19	1/20	1/21	1/22	1/23	1/24	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:00	7:30 4:30																	
Lunch Period			12:00 1:00	12:00 1:00																	
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
			8	8	8	8	8	40	40												
Total Week 2			8	8	8	8	8	40	40												

Pay Period Totals

80 72

8

Employee Signature



Supervisor

STATE OF NEW MEXICO - ENERGY, MINERAL AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 01/25/97 - 02/07/97

Employee Signature



Supervisor

Week 1

Date	1/25	1/26	1/27	1/28	1/29	1/30	1/31	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30		Comp	Comp	7:30 4:30														
Lunch Period			12:00 1:00				12:00 1:00														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Comp Accr			8	8	8	8	8	34	24									16			
Total Week 1	8	8	8	8	8	8	8	40	24									16			

Week 2

Date	2/1	2/2	2/3	2/4	2/5	2/6	2/7	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Comp Accr			8	8	8	8	8	40	40												
Total Week 2	8	8	8	8	8	8	8	40	40												

Pay Period Totals

80 14

16

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TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 02/08/97 - 02/21/97

Week 1

Date	2/8	2/9	2/10	2/11	2/12	2/13	2/14	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
			8	8	8	8	8	40	40												
Total Week 1	8	8	8	8	8	8	8	40	40												

Week 2

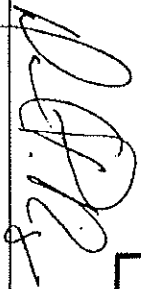
Date	2/15	2/16	2/17	2/18	2/19	2/20	2/21	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
			8	8	8	8	8	40	40												
Total Week 2	8	8	8	8	8	8	8	40	40												

Pay Period Totals

80 80

Employee Signature

Supervisor



Approved by: *Thomas M. Wells*
 By: *Betty Jean Pettit*

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

EMPLOYEE: RAY, DAVID P

SSN: [REDACTED]

LEA: [REDACTED]

Employee Signature

Supervisor

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 03/08/97 - 03/21/97

Week 1

Date	3/8	3/9	3/10	3/11	3/12	3/13	3/14	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			OFF	7:30 4:30																	
Lunch Period			OFF	12:00 1:00																	
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Sick Leave			8	8	8	8	8	32				8									
Total Week 1	8	8	8	8	8	8	8	40				8									

Week 2

Date	3/15	3/16	3/17	3/18	3/19	3/20	3/21	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			OFF																		
Lunch Period			OFF																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Annual Leave			8	8	8	8	8	40			40										
Total Week 2								40			40										

Pay Period Totals

80

40

8

TIME SHEET

Name : RAY, DAVID P

C

Division: **PARK AND RECREATION**

Location: **ELEPHANT BUTTE**

Pay Period: 03/22/97 - 04/04/97

Employee Signature

Pay Period Totals

835
80

3.5525

Supervisor

Johnny Mutsley Public Place Kentucky

Week 2

Week 1

[illegible]

Date	3/29 Sat	3/30 Sun	3/31 Mon	4/1 Tue	4/2 Wed	4/3 Thu	4/4 Fri
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	/	/	7:30 4:30				
Lunch Period	/	/	12:00 1:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Total Hours	8	8	8	8	8	8	8
Regular Hours	8	8	8	8	8	8	8
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							
Total Week 2	8	8	8	8	8	8	8

STATE OF NEW YORK DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

FLS: [REDACTED]

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 04/05/97 - 04/18/97

Week 1

Date	4/5	4/6	4/7	4/8	4/9	4/10	4/11	
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Time Schedule			7:30 4:30					
Lunch Period			12:00 1:00					
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
			8	8	8	8	8	
Total Week 1	8	8	8	8	8	8	8	40 40
Total Hours								
Regular Hours								
Shift Differential								
Annual Leave								
Sick Leave								
Overtime Hours								
Holiday Worked								
Holiday Taken								
Actual Comp Workd								
Comp Time Earned								
Comp Time Taken								
Call Back Time								
Standby Time								
Personal Hol. Taken								

Week 2

Date	4/12	4/13	4/14	4/15	4/16	4/17	4/18	
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Time Schedule			7:30 4:30					
Lunch Period			12:00 1:00					
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
			8	8	8	8	8	
Total Week 2	8	8	8	8	8	8	8	40 40
Total Hours								
Regular Hours								
Shift Differential								
Annual Leave								
Sick Leave								
Overtime Hours								
Holiday Worked								
Holiday Taken								
Actual Comp Workd								
Comp Time Earned								
Comp Time Taken								
Call Back Time								
Standby Time								
Personal Hol. Taken								

Pay Period Totals

80 80

Employee Signature

Supervisor

[Signature]

[Signature]

TIME SHEET

Name : RAY, DAVID P

Division : **PARK AND RECREATION**

Location : ELEPHANT BUTTE

Pay Period : 04/19/97 - 05/02/97

Week 1

Date	4/19	4/20	4/21	4/22	4/23	4/24	4/25														
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 5:30	7:30 4:30																	
Lunch Period			None	12:00 1:00	12:00 1:00	None	12:00 1:00														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
COMP TIME			8	8	8	8	8	40	40												
			2			1		3								3	4.5				
Total Week 1			10	8	8	9	8	43	40							3	4.5				

Week 2

[illegible]

Employee Signature

Supervisor

Pay Period Totals

00	00
00	00

$$\frac{w}{h}$$

TIME SHEET

Pay Period : 05/03/97 - 05/16/97

Week 1

Date Day of the Week	5/3 Sat	5/4 Sun	5/5 Mon	5/6 Tue	5/7 Wed	5/8 Thu	5/9 Fri
Time Schedule	/	/	7:30 4:30	7:30 4:30	/	→	7:30 4:30
Lunch Period	/	/	12:00 1:00	—	12:00 1:00	—	12:00 1:00
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
	/	/	8	8	8	8	8
Comp Earned				1		1	
Total Hours	—	—	8	9	8	9	8
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Week 2

[illegible]

Pay Period Totals

$$\frac{\infty}{2}$$

20	W
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Employee Signature

Supervisor

STATE OF NEW YORK DEPARTMENT OF ENVIRONMENTAL CONSERVATION

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 05/17/97 - 05/30/97

SSN: [REDACTED]
 FR: 05/17-5/30 = 61.35
 5/3-5/16 = 9.00
 PREN. COMP. 53.75
 5/3-5/16 = 9.00
 5/17-5/30 = 61.35
 Employee Signature: [Signature]
 Supervisor: [Signature]

Pay Period Totals

88 72 4 4 6

Date	5/24	5/25	5/26	5/27	5/28	5/29	5/30	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule	7:30 4:30	7:30 4:30	7:30 11:30	7:30 4:30	7:30 4:30	7:30 4:30	7:30 4:30														
Lunch Period	1:00	1:00	1:00	1:00	1:00	1:00	1:00														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
OS41	8	8		8	8			32	32												
Holiday Worked			4					4													
Holiday Taken															4		6				
Total Week 2	8	8	8	8	8			40	40					4							

Week 2

Date	5/17	5/18	5/19	5/20	5/21	5/22	5/23	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
OS41			8	8	8	8	8	40	40												
Total Week 1			8	8	8	8	8	40	40												

Week 1

TIME SHEET

Name : RAY, DAVID P

Division of **PARK AND RECREATION**

Location : ELEPHANT BUTTE

Pay Period : 05/31/97 - 06/13/97

Week 1

Date	5/31 Sat	6/1 Sun	6/2 Mon	6/3 Tue	6/4 Wed	6/5 Thu	6/6 Fri																					
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri																					
Time Schedule			7:30 4:50																									
Lunch Period			NONE	12:00 1:00																								
Emergency Center ELEPHANT BUTTE 0547								Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Worked	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
<i>Comp. Worked</i>										8	8	8	8	8	40	40								1	1.5			

Week 2

[illegible]

Price Comp 67.75
 Comp. Land 1.50
 Bal 69.25

Employee Signature

Pay Period Totals

8180

1.5

Supervisor

Johnny Mutt by Belle Jean Dittus

BEN :

Location: **ELEPHANT BUTTE**

Pay Period : 06/14/97 - 06/27/97

1000

Date	6/14	6/15	6/16	6/17	6/18	6/19	6/20	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Worked	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule		9:00 AM 11:00 AM	7:30 5:30	7:30 4:30				↓													
Lunch Period			12:00 1:00	12:00 1:00				↓													
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
PHANT BUTTE 0547			8	8	8	8	8	40													
Comp Worked		2	1					3								3	45				
Total Week 1	2	9	8	8	8	8	8	43								3	45				

Week 2

Date	6/21	6/22	6/23	6/24	6/25	6/26	6/27	
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Time Schedule			7:30 4:30					↓
Lunch Period			12:00 1:00					↓
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours
PHANT BUTTE 0547			8	8	8	8	8	40
								Regular Hours
								Shift Differential
								Annual Leave
								Sick Leave
								Overtime Hours
								Holiday Worked
								Holiday Taken
								Actual Comp Workd
								Comp Time Earned
								Comp Time Taken
								Call Back Time
								Standby Time
								Personal Hol. Taken
Total Week 2			8	8	8	8	8	40

Preer. Comp. 69.25¹¹

5/31-6/13

6/14-6-27

Comp. Bk.
Employee Signature

Pay Period Totals

66

W

45

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Supervisor

Johnny Mutt by Ellis Sawbuck

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 06/28/97 - 07/11/97

Week 1

Date	6/28 Sat	6/29 Sun	6/30 Mon	7/1 Tue	7/2 Wed	7/3 Thu	7/4 Fri
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30 4:30	7:30 7:30	7:30 4:30		
Lunch Period			12:00 1:00		12:00 1:00		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
ELEPHANT BUTTE			8	8	8	8	
0547							
Comp Worked				4			
Holiday Worked							8
Total Week 1	8	12	8	8	8	8	44
Total Hours							32
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							8
Holiday Taken							
Actual Comp Workd				4			4
Comp Time Earned							12
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Week 2

Date	7/5 Sat	7/6 Sun	7/7 Mon	7/8 Tue	7/9 Wed	7/10 Thu	7/11 Fri
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	7:30 4:30	OFF	OFF				
Lunch Period	12:00 1:00	OFF	OFF				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
ELEPHANT BUTTE	8	OFF	OFF	8	8	8	8
0547							
Total Week 2	8	—	—	8	8	8	40
Total Hours							40
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Total Week 2 8 18.75

6/28 - 7/4 18.00

Comp. 13A

Employee Signature

Pay Period Totals

84

8

4

18

Supervisor

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 07/12/97 - 07/25/97

SSN: [REDACTED]
FL: 9C

Week 2

Date	7/19	7/20	7/21	7/22	7/23	7/24	7/25	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule	1:30 3:50		7:30 4:30																		
Lunch Period			1:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
OS3D			8	8	8	8	8	40	40												
Comp Worked	2							2								2	3				
Total Week 2	2		8	8	8	8	8	42	80												

REV. Comp.

Week 1

Date	7/12	7/13	7/14	7/15	7/16	7/17	7/18	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			1:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
OS3D			8	8	8	8	8	40	40												
Total Week 1			8	8	8	8	8	40	40												

Employee Signature

Supervisor

Pay Period Totals

82 80

2 3

TIME SHEET

Name : RAY, DAVID P

Division : **PARK AND RECREATION**

Location: **ELEPHANT BUTTE**

Pay Period : 07/26/97 - 08/08/97

Week 7

[illegible]

Week 2

[illegible]

Employee Signature

Supervisor

Pay Period Totals

180	72
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8

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

FL C

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 08/09/97 - 08/22/97

Week 1

Date	8/9	8/10	8/11	8/12	8/13	8/14	8/15
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30 4:30	7:30 4:30			
Lunch Period			None	12:00			
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
CS313	/	/	8	8	8	8	8
Total Week 1	/	/	9	8	8	8	8
Total Hours			41	40			
Regular Hours			40	40			
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd			1	1.5			
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Week 2

Date	8/16	8/17	8/18	8/19	8/20	8/21	8/22
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30 4:30				
Lunch Period			12:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
CS313	/	/	8	8	8	8	8
Total Week 2	/	/	8	8	8	8	8
Total Hours			40	40			
Regular Hours			40	40			
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Pay Period Totals

81 80 1 1.5

Employee Signature

[Signature]

Supervisor

TIME SHEET

Name : RAY, DAVID P

SSN

Division : PARK AND RECREATION

Location : ELEPHANT BUTTE

Pay Period : 08/23/97 - 09/05/97

Week 1

Date	8/23	8/24	8/25	8/26	8/27	8/28	8/29	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Worked	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30	→	7:50 6:30	7:30 4:30	→														
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
0538	✓	✓	8	8	8	8	8	40	40												
Comp					2			2								2	3				
Total Week 1	✓	✓	8	8	10	8	8	42	40							2	3				

Week 2

Date	8/30	8/31	9/1	9/2	9/3	9/4	9/5	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule	7:30 4:30			7:30 4:30	7:30 4:30	OFF	OFF														
Lunch Period	12:00 1:00			12:00 1:00	12:00 1:00	OFF	OFF														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
OS 313	8	8		8	8	/	/	32	32												
Holiday			8					8							8						
Total Week 2	8	8	8	8	8	/	/	40	32						8						

Employee Signature

Supervisor

Pay Period Totals

82	72				8.	2	3
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STATE OF NEW YORK - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

NAME: RAY, DAVID P

SSN: [REDACTED]

LBA: [REDACTED]

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 09/06/97 - 09/19/97

Employee Signature

[Handwritten Signature]

Supervisor

Week 1

Date	9/6	9/7	9/8	9/9	9/10	9/11	9/12	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			1:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
			8	8	8	8	8	40	40												
Total Week 1	8	8	8	8	8	8	8	40	40												

Week 2

Date	9/13	9/14	9/15	9/16	9/17	9/18	9/19	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			OFF	7:30 4:30																	
Lunch Period			OFF	1:00 1:00																	
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
			8	8	8	8	4	38	38												
Comp Time Taken							4	4	4												
ADMP Taken							4	4	4												
Total Week 2	8	8	8	8	8	8	8	40	38												

Pay Period Totals

80 68

8

4

ADMP Taken

5	7.5	
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STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 11/01/97 - 11/14/97

FLSA: C

Employee Signature

Supervisor

Week 1

Date	11/1	11/2	11/3	11/4	11/5	11/6	11/7	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			NONE	12:00 1:00	12:30 1:30																
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
0533B			8	8	8	8	8	40	40												
COMP WORKED			1					1									1	1.5			
Total Week 1			9	8	8	8	8	41	40								1	1.5			

Week 2

Date	11/8	11/9	11/10	11/11	11/12	11/13	11/14	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			8:00 4:30	8:00 4:30	7:30 4:30																
Lunch Period			12:00 1:00	12:00 1:00	12:00 1:00																
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
0533B			8	8	8	8	8	24	24												
COMP TAKEN								8										8			
Holiday				8				8													
Total Week 2			8	8	8	8	8	40	24						8			8			

Pay Period Totals

81	64																				
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[Handwritten Signature]

[Handwritten Signature]

STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

SSN:

SA:

Division: PARK AND RECREATION

Location: ELEPHANT BUTTE

Pay Period: 11/15/97 - 11/28/97

Week 1

Date	11/15	11/16	11/17	11/18	11/19	11/20	11/21	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30	7:30 4:30																	
Lunch Period				12:00 1:00																	
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Comp WORKED			1					1	40	40						1	1.5				
Total Week 1	9	8	8	8	8	8	8	41								1	1.5				

Week 2

Date	11/22	11/23	11/24	11/25	11/26	11/27	11/28														
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			Comp	Comp	Comp	Holiday	Holiday														
Lunch Period			TAKEN	TAKEN	TAKEN	TAKEN	TAKEN														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken

Employee Signature

Supervisor

Pay Period Totals

81 40 16 1 1.5 24

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR LEAVE OR OVERTIME

Employee Name: DANIEL RAY

Division: EMNRD (PARIS)

Social Security # [REDACTED]

Date: 11-17-97

Type of Leave: (Use corresponding number for the appropriate type of leave used, below)

1. Annual
2. Administrative
3. Compensatory

4. Sick
5. Personal Leave Day
6. Overtime
(must have prior approval)

7. Leave Without Pay
8. Military
9. Educational
10. Board or Commission

LEAVE #1 <input type="checkbox"/> Disapproved	Total # of Hours Taken: <u>1</u> ^{Approved}	Type of Leave: <u>3</u> (place # from above)
	Beginning: Date <u>1-17-97</u> TIME <u>12:00 AM</u> (Circle One) <u>AM</u>	
	Ending: Date <u>1-17-97</u> TIME <u>1:00 PM</u> <u>PM</u>	
LEAVE #2 <input type="checkbox"/> Disapproved	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above)
	Beginning: Date _____ TIME _____ (Circle One) _____	
	Ending: Date _____ TIME _____ AM PM	
LEAVE #3 <input type="checkbox"/> Disapproved	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, t)
	Beginning: Date _____ TIME _____ (Circle One) _____	
	Ending: Date _____ TIME _____ AM PM	
LEAVE #4 <input type="checkbox"/> Disapproved	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, he)
	Beginning: Date _____ TIME _____ (Circle One) _____	
	Ending: Date _____ TIME _____ AM PM	

AUTHORIZATION:

[Signature]
EMPLOYEE SIGNATURE

SIGNATURE AND TITLE, APPROVING AUTHORITY

REMARKS:

TRIP TO EL PASO TO PUT GRADALL IN THE SHOP.
(NO LUNCH)

(Note: An employee may be required to furnish a doctor's certificate if the duration of the illness exceeds three (3) working days.)

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR LEAVE OR OVERTIME

Employee Name: DAVID P. RAYSocial Security # [REDACTED]Date: 11-5-97Division: EMNRD (PARKS)

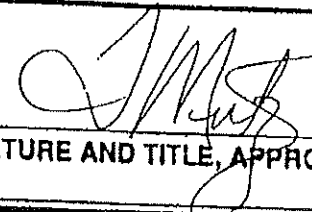
Type of Leave: (Use corresponding number for the appropriate type of leave used, below)

- | | | |
|-------------------|---|-------------------------|
| 1. Annual | 4. Sick | 7. Leave Without Pay |
| 2. Administrative | 5. Personal Leave Day | 8. Military |
| 3. Compensatory | 6. Overtime
(must have prior approval) | 9. Educational |
| | | 10. Board or Commission |

LEAVE #1	Total # of Hours Taken: <u>24</u>	Type of Leave: <u>3</u> (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date <u>11-24-97</u> TIME <u>7:30</u>	(Circle One) <u>AM</u> PM
	Ending: Date <u>11-26-97</u> TIME <u>4:30</u>	AM <u>PM</u>
LEAVE #2	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____	(Circle One) AM PM
	Ending: Date _____ TIME _____	AM PM
LEAVE #3	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____	(Circle One) AM PM
	Ending: Date _____ TIME _____	AM PM
LEAVE #4	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____	(Circle One) AM PM
	Ending: Date _____ TIME _____	AM PM

AUTHORIZATION:


 EMPLOYEE SIGNATURE


 SIGNATURE AND TITLE, APPROVING AUTHORITY

REMARKS:

(Note: An employee may be required to furnish a doctor's certificate if the duration of the illness exceeds three (3) working days.)

NAME :

20

Supervisor

Pay Period: 11/29/97 - 12/12/97

11/29/97 - 12/12/97									
Week 1									
Date Day of the Week	11/29 Sat	11/30 Sun	12/1 Mon	12/2 Tue	12/3 Wed	12/4 Thu	12/5 Fri		
Time Schedule			7:30-4:30 16:00	17:00-1:00 1:00					
Lunch Period									
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri		
OTMP Entry			8	8	8	8	8		
			1						
Total Week 1			8	8	8	8	8	41	42
Total Hours									
Regular Hours									
Shift Differential									
Annual Leave									
Sick Leave									
Overtime Hours									
Holiday Worked									
Holiday Taken									
Actual Comp Work								1	
Comp Time Earned								1.5	
Comp Time Taken									
Call Back Time									
Standby Time									
Personal Hol. Tak									

[illegible]

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

FL [REDACTED]

Division: PARK AND RECREATION

Location: ELEPH/BUTE-053B

Pay Period: 12/13/97 - 12/26/97

Employee Signature

Supervisor

Week 1

Date	12/13	12/14	12/15	12/16	12/17	12/18	12/19	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
053B	/	/	8	8	8	8	8	40	40												
Total Week 1	/	/	8	8	8	8	8	40	40												

Week 2

Date	12/20	12/21	12/22	12/23	12/24	12/25	12/26	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30		7:30 2:30	Holiday	7:30 4:30														
Lunch Period			12:00 1:00				12:00 1:00														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
053B	/	/	8	8	8 1/4	Holiday	8	30	30												
Holiday					2	8		8													
Adm leave								2													
Total Week 2	/	/	8	8	8	8	8	40													

Pay Period Totals

80																					
----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Adm. Leave

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

A: C

Division: PARK AND RECREATION

Location: ELEPH/BUTE-053B

Pay Period: 12/27/97 - 01/09/98

Employee Signature

[Handwritten Signature]

Supervisor

Pay Period Totals

82.64

8

8

Date	1/3	1/4	1/5	1/6	1/7	1/8	1/9	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 7:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	40	40												
0532			8	8	8	8	8														
Total Week 2			8	8	8	8	8	40	40												

Week 2

Date	12/27	12/28	12/29	12/30	12/31	1/1	1/2	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 3:30	7:30		Holiday	Comp.														
Lunch Period			None																		
Responsibility Center	Set	Sun	Mon	Tue	Wed	Thu	Fri														
0532			8	8	8	8			34												
Comp Taken							8											8			
Holiday						8									8						
Total Week 1			8	8	8	8	8	40	34						8			8			

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPH/BUTE-053B

Pay Period: 01/10/98 - 01/23/98

FLSA: C

Employee Signature

[Handwritten Signature]

Supervisor

[Handwritten Signature]

Pay Period Totals

80 72

8

Date	1/17	1/18	1/19	1/20	1/21	1/22	1/23	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			<i>Holiday</i>	7:30 4:30																	
Lunch Period			11 12:00	12:00																	
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	32	32						8						
<i>Holiday</i>			8					8							8						
Total Week 2								40							8						

Week 2

Date	1/10	1/11	1/12	1/13	1/14	1/15	1/16	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	40	40												
			8	8	8	8	8	40	40												
Total Week 1			8	8	8	8	8	40	40												

Week 1

TIME SHEET

Name: RAY, DAVID P

BRN: [REDACTED]

Division: PARK AND RECREATION

Location: ELEPH/BUTE-053B

Pay Period: 02/07/98 - 02/20/98

Week 1

Date	2/7	2/8	2/9	2/10	2/11	2/12	2/13
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30 4:30				
Lunch Period			12:00 1:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
053B			8	8	8	8	8
Total Week 1	8	8	8	8	8	8	8
Total Hours	40	40					
Regular Hours	40	40					
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Week 2

Date	2/14	2/15	2/16	2/17	2/18	2/19	2/20
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30 4:30				
Lunch Period			12:00 1:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
053B			8	8	8	8	8
Total Week 2	8	8	8	8	8	8	8
Total Hours	40	40					
Regular Hours	40	40					
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Pay Period Totals

80 80

Employee Signature

[Signature]

Supervisor

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

FLS: C

Division: PARK AND RECREATION

Location: ELEPH/BUTE-053B

Pay Period: 03/07/98 - 03/20/98

Employee Signature

[Handwritten Signature]

Supervisor

[Handwritten Signature]

Week 1

Date	3/7	3/8	3/9	3/10	3/11	3/12	3/13	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
			8	8	8	8	8	40	40												
Total Week 1			8	8	8	8	8	40	40												

Week 2

Date	3/14	3/15	3/16	3/17	3/18	3/19	3/20	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
			8	8	8	8	8	40	40												
Total Week 2			8	8	8	8	8	40	40												

Pay Period Totals

80 80

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

C

Employee Signature

Division: PARK AND RECREATION

Location: ELEPH/BUTE-053B

Pay Period: 03/21/98 - 04/03/98

Week 1

Date: Day of the Week	3/21 Sat	3/22 Sun	3/23 Mon	3/24 Tue	3/25 Wed	3/26 Thu	3/27 Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Time Schedule																					
Lunch Period																					
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
			8	8	8	8	4.5	40	36.5									3.5			
(Comp (H/KEI))							3.5														
Total Week 1	8	8	8	8	8	8	8	40	36.5									3.5			

Week 2

Date: Day of the Week	3/28 Sat	3/29 Sun	3/30 Mon	3/31 Tue	4/1 Wed	4/2 Thu	4/3 Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Time Schedule																					
Lunch Period																					
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
			8	8	8	8	8	40	40												
Total Week 2	8	8	8	8	8	8	8	40	40												

Pay Period Totals

80 76.5

3.5

Supervisor

[Signature]

[Signature]

TIME SHEET

Name : RAY, DAVID P

SSN :

C

Division: **PARK AND RECREATION**

Location: ELEPH/BUTE-063B

Pay Period: 04/04/98 - 04/17/98

Employee Signature

Supervisor

Week 1

[illegible]

Week 2

Date	4/11	4/12	4/13	4/14	4/15	4/16	4/17
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	/	/	7 ⁵⁸ 4 ³⁰	/	/	/	/
Lunch Period	/	/	1 ²⁰ 1 ⁰⁰	/	/	/	/
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
053B	/	/	8	8	8	8	8
Total Hours							
Regular Hours							
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Pay Period Totals

$$\frac{8}{8}$$

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

C

Division: PARK AND RECREATION

Location: ELEPH/BUTE-053B

Pay Period: 04/18/98 - 05/01/98

Week 1

Date	4/18	4/19	4/20	4/21	4/22	4/23	4/24	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 8:30	7:30 8:30	7:30 8:30																
Lunch Period			None	None	12:00 1:00																
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
053B			8	8	8	8	8	40	40												
Comp. Absent			5					5								5	7.5				
Total Week 1			13	8	8	8	8	45	40							5	7.5				

Week 2

Date	4/25	4/26	4/27	4/28	4/29	4/30	5/1	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
053B			8	8	8	8	8	40	40												
Total Week 2			8	8	8	8	8	40	40												

Present Comp. 39.00
Comp. EARNED 7.50
Total 46.50

Pay Period Totals

85 80

5 7.5

Employee Signature

Supervisor

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

Division: PARK AND RECREATION

Location: ELEPH/BUTE-053B

Pay Period: 05/02/98 - 05/16/98

Employee Signature

Supervisor

Week 1

Date	5/2	5/3	5/4	5/5	5/6	5/7	5/8	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			OFF	8:30 4:30	7:30 4:30	1:00 4:30	7:30 4:30														
Lunch Period			OFF	None	1:00 1:00	OFF	12:00 1:00														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
			8	8	3	3.5	8														
Sick Leave			8		3	4.5		15.5													
Total Week 1	8	8	8	8	8	8	8	40	24.5				15.5								

Week 2

Date	5/9	5/10	5/11	5/12	5/13	5/14	5/15																
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri																
Time Schedule			7:30 4:30																				
Lunch Period			12:00 1:00																				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken		
			8	8	8	8	8	40	40														
Total Week 2			8	8	8	8	8	40	40														

Pay Period Totals

80

64.5

15.5

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

FLSA: C

Division: PARK AND RECREATION

Location: ELEPH/BUTE-053B

Pay Period: 05/30/98 - 06/12/98

Employee Signature

[Handwritten Signature]

Supervisor

Pay Period Totals

82 80

2 3

Date	6/6	6/7	6/8	6/9	6/10	6/11	6/12	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	40	40												
			8	8	8	8	8														
Total Week 2			8	8	8	8	8	40	40												

Week 2

Date	5/30	5/31	6/1	6/2	6/3	6/4	6/5	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00		NONE	12:00 1:00	NONE														
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri	40	40												
			8	8	8	8	8														
COMP WORKED					1		1	2								2	3				
Total Week 1			8	8	9	8	9	42	40							2	3				

Week 1

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR COMPENSATION/OVERTIME EARNED

Employee Name

Social Security No.

Date

DAVID P. RAY
Division EMPLOYED (PARKS)



6-29-98

1. Compensation Earned
2. Overtime

Type	Total # of Hours Worked	Disapproved	Dates	
			Begin	End
1	4	<input type="checkbox"/>	Date 6-24-98 Time 8:00 am/pm	6-24-98 12:00 am/pm
1	2	<input type="checkbox"/>	Date 6-25-98 Time 12:00 am/pm	6-25-98 2:00 am/pm
		<input type="checkbox"/>	Date _____ Time _____ am/pm	_____ ^{8:00} am/pm
		<input type="checkbox"/>	Date _____ Time _____ am/pm	_____ am/pm

REMARKS

CALL OUT TO OPERATE LIGHT TOWER DURING HOMECIDE
AT COW CAMP RE: RAY KIRKPATRICK.

AUTHORIZATION

David P. Ray

Employee's Signature

Guome Madrid
Supervisor's Signature

Title

Reg. mgr.

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

FLSA: C

Division: PARK AND RECREATION

Location: ELEPH/BUTE-053B

Pay Period: 06/13/98 - 06/26/98

Employee Signature

Supervisor

Pay Period Totals

85.80

57.5

5X1.5 = 7.5 hrs.

Date	6/20	6/21	6/22	6/23	6/24	6/25	6/26
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30 4:30				
Lunch Period			12:00 1:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Total Week 2			8	8	8	8	8
Total Hours			40	40			
Regular Hours			40	40			
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Week 2

Date	6/13	6/14	6/15	6/16	6/17	6/18	6/19
Day of the Week <td>Sat</td> <td>Sun</td> <td>Mon</td> <td>Tue</td> <td>Wed</td> <td>Thu</td> <td>Fri</td>	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30 4:30	7:00 AM 4:00 PM	7:30 4:30		
Lunch Period			12:00 1:00	None	12:00 1:00		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Total Week 1			8	13	8	8	8
Total Hours			40	40			
Regular Hours			40	40			
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Comp. Worked

5

5

5

57.5

STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name : RAY, DAVID P

SSN

C

Division : PARK AND RECREATION

Location : ELEPH/BUTE-053B

Pay Period : 07/25/98 - 08/07/98

Employee Signature

Supervisor

Date	8/1	8/2	8/3	8/4	8/5	8/6	8/7	
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Time Schedule			7:30 4:30					
Lunch Period			1:00 1:00					
Responsibility Center	Set	Sun	Mon	Tue	Wed	Thu	Fri	
Total Week 2	8	8	8	8	8	8	8	40 40
Pay Period Totals	8080							
Total Hours								
Regular Hours								
Shift Differential								
Annual Leave								
Sick Leave								
Overtime Hours								
Holiday Worked								
Holiday Taken								
Actual Comp Workd								
Comp Time Earned								
Comp Time Taken								
Call Back Time								
Standby Time								
Personal Hol. Taken								

Week 2

Date	7/25	7/26	7/27	7/28	7/29	7/30	7/31	
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Time Schedule			7:30 4:30					
Lunch Period			1:00 1:00					
Responsibility Center	Set	Sun	Mon	Tue	Wed	Thu	Fri	
Total Week 1	8	8	8	8	8	8	8	40 40
Pay Period Totals	8080							
Total Hours								
Regular Hours								
Shift Differential								
Annual Leave								
Sick Leave								
Overtime Hours								
Holiday Worked								
Holiday Taken								
Actual Comp Workd								
Comp Time Earned								
Comp Time Taken								
Call Back Time								
Standby Time								
Personal Hol. Taken								

Week 1

Supervisor Signature: [Signature]
Supervisor Name: [Signature]

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

NAME: RAY, DAVID P

SSN: [REDACTED]
FLSA: C

Employee Signature

Supervisor

Personnel Admin by Billie J. [Signature]

Division: PARK AND RECREATION
Location: ELEPH/BUTE-053B
Pay Period: 09/05/98 - 09/18/98

Week 2													
Date	9/12	9/13	9/14	9/15	9/16	9/17	9/18						
Day of the Week	Sat.	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.						
Time Schedule			7:30 4:30										
Lunch Period			1:00 1:00										
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri						
			8	8	8	8	8						
Total Week 2	8	8	8	8	8	8	8						
								Total Hours	40	40			
								Regular Hours	40	40			
								Shift Differential					
								Annual Leave					
								Sick Leave					
								Overtime Hours					
								Holiday Worked					
								Holiday Taken					
								Actual Comp Workd					
								Comp Time Earned					
								Comp Time Taken					
								Call Back Time					
								Standby Time					
								Personal Hol. Taken					

Pay Period Totals

80

45

35

67516

Week 1													
Date	9/5	9/6	9/7	9/8	9/9	9/10	9/11						
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri						
Time Schedule	7:30 4:30	7:30 4:30	7:30 12:00										
Lunch Period	12:00 1:00	12:00 1:00											
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri						
	8	8	Holiday	OFF	OFF								
Holiday Worked			4.5										
Comp Taken			3.5			8	8						
Holiday													
Total Week 1	8	8	8	8	8	8	8						
								Total Hours	40	40			
								Regular Hours	40	40			
								Shift Differential					
								Annual Leave					
								Sick Leave					
								Overtime Hours					
								Holiday Worked	4.5	4.5			
								Holiday Taken					
								Actual Comp Workd					
								Comp Time Earned					
								Comp Time Taken					
								Call Back Time					
								Standby Time					
								Personal Hol. Taken					

TIME SHEET

Name: RAY, DAVID P

SSN: [REDACTED]

C

Division: PARK AND RECREATION

Location: ELEPH/BUTE-053B

Pay Period: 09/19/98 - 10/02/98

Employee Signature

Supervisor

Date	9/26	9/27	9/28	9/29	9/30	10/1	10/2
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule							
Lunch Period							
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Comp Time			8	8	8	8	8
Total Week 2	8	8	8	8	8	8	8
Pay Period Totals	80	46	10	84			

Week 2

Date	9/19	9/20	9/21	9/22	9/23	9/24	9/25
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30			7:30	
Lunch Period			12:00			12:00	
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Sick Leave						2	8
Total Week 1	8	8	8	8	8	8	8
Pay Period Totals	80	46	10	84			

Week 1

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name : DAVID RAY

Division : PARK AND RECREATION

Location :

Pay Period : 10-17-98

10-30-98

Week 1

Date	10/17	10/18	10/19	10/20	10/21	10/22	10/23	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
			8	8	8	8	8	32	32		8										
AUDOBON / ALKEN							8	8													
Total Week 1			8	8	8	8	8	40	32		8										

Week 2

Date	10/24	10/25	10/26	10/27	10/28	10/29	10/30	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
			8	8	8	8	8	40													
Total Week 2			8	8	8	8	8	40													

Pay Period Totals

80	32	8																			
----	----	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employee Signature

Supervisor

[Signature]

Jaime Madril by Bulinger Kelly

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR LEAVE OR OVERTIME

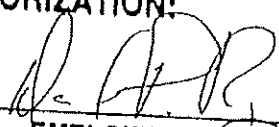
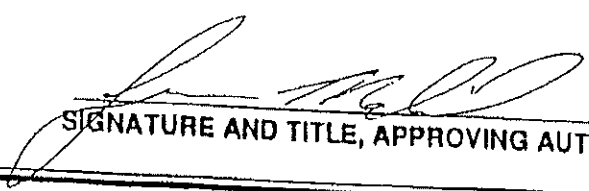
Employee Name: David P. Kelly
Division: ENLWD (PARICS)

Social Security [REDACTED]

Date: 11-2-98

Type of Leave: (Use corresponding number for the appropriate type of leave used, below)

- | | | |
|-------------------|---|-------------------------|
| 1. Annual | 4. Sick | 7. Leave Without Pay |
| 2. Administrative | 5. Personal Leave Day | 8. Military |
| 3. Compensatory | 6. Overtime
(must have prior approval) | 9. Educational |
| | | 10. Board or Commission |

LEAVE #1 Disapproved <input type="checkbox"/>	Total # of Hours Taken: <u>16</u>	Type of Leave: <u>1</u> (place # from above, here)
	Beginning: Date <u>11-9-98</u> TIME <u>7:30</u> (Circle One) <u>AM</u> PM Ending: Date <u>11-10-98</u> TIME <u>4:30</u> AM <u>PM</u>	
LEAVE #2 Disapproved <input type="checkbox"/>	Total # of Hours Taken: <u>16</u>	Type of Leave: <u>1</u> (place # from above, here)
	Beginning: Date <u>11-12-98</u> TIME <u>7:30</u> (Circle One) <u>AM</u> PM Ending: Date <u>11-13-98</u> TIME <u>4:30</u> AM <u>PM</u>	
LEAVE #3 Disapproved <input type="checkbox"/>	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
	Beginning: Date _____ TIME _____ (Circle One) AM PM Ending: Date _____ TIME _____ AM PM	
LEAVE #4 Disapproved <input type="checkbox"/>	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
	Beginning: Date _____ TIME _____ (Circle One) AM PM Ending: Date _____ TIME _____ AM PM	
AUTHORIZATION: <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">  EMPLOYEE SIGNATURE </div> <div style="width: 55%;">  SIGNATURE AND TITLE, APPROVING AUTHORITY </div> </div>		
REMARKS:		

(Note: An employee may be required to furnish a doctor's certificate if the duration of the illness exceeds three (3) working days.)

TIME SHEET

Name - RAY, DAVID P

SSN

C

Division : PARK AND RECREATION

Location: ELEPH/BUTE-053B

Pay Period : 11/14/98 - 11/27/98

Week 1

[illegible]

Week 2

Date	11/21	11/22	11/23	11/24	11/25	11/26	11/27
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	/	/					
Lunch Period	/	/					
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Total Hours	/	/					
Regular Hours	/	/					
Shift Differential	/	/					
Annual Leave	/	/					
Sick Leave	/	/					
Overtime Hours	/	/					
Holiday Worked	/	/					
Holiday Taken	/	/					
Actual Comp Workd	/	/					
Comp Time Earned	/	/					
Comp Time Taken	/	/					
Call Back Time	/	/					
Standby Time	/	/					
Personal Hol. Taken	/	/					

Pay Period Totals

80

24

12

Employee Signature

Supervisor

10/12

Devereaux Medsiding Billie Jean in the sky.

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR LEAVE OR OVERTIME

Employee Name: DAVID P. RAY

Social Security #: [REDACTED]

Date: 11-16-98

Division: EMNRD (Parks)

Type of Leave: (Use corresponding number for the appropriate type of leave used, below)

- | | | |
|-------------------|---|-------------------------|
| 1. Annual | 4. Sick | 7. Leave Without Pay |
| 2. Administrative | 5. Personal Leave Day | 8. Military |
| 3. Compensatory | 6. Overtime
(must have prior approval) | 9. Educational |
| | | 10. Board or Commission |

LEAVE #1	Total # of Hours Taken: <u>24</u>	Type of Leave: <u>1</u> (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date <u>11-23-98</u> TIME <u>7:30</u> (Circle One) <u>AM</u> PM	Ending: Date <u>11-25-98</u> TIME <u>4:30</u> AM <u>PM</u>
LEAVE #2	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____ (Circle One) _____ AM PM	Ending: Date _____ TIME _____ AM PM
LEAVE #3	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____ (Circle One) _____ AM PM	Ending: Date _____ TIME _____ AM PM
LEAVE #4	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____ (Circle One) _____ AM PM	Ending: Date _____ TIME _____ AM PM

AUTHORIZATION:

David P. Ray
EMPLOYEE SIGNATURE

Jerome W. Bradley, Bill Jean Rittely
SIGNATURE AND TITLE, APPROVING AUTHORITY

REMARKS:

(Note: An employee may be required to furnish a doctor's certificate if the duration of the illness exceeds three (3) working days.)

TIME SHEET

NAME : RAY, DAVID P

SSN

C

DEPARTMENT : PARK AND RECREATION

LOCATION: ELEPH/BUTE-053B

Pay Period: 11/28/98 - 12/11/98

Employee Signature

Supervisor

Pay Period Totals

835-8000

24

55.25

100

1

Week 2

Week 1

Date	12 5	12 6	12 7	12 8	12 9	12 10	12 11
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule			7:30-4:30				
Lunch Period			12:00-1:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Total Hours			8	8	8	8	8
Regular Hours			8	8	8	8	8
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Worked							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							
Total Week 2			8	8	8	8	8

[illegible]

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR COMPENSATION/OVERTIME EARNED

Employee Name DAVID H. RAY Social Security No. [REDACTED] Date 12-7-98
 Division EMERALD (FARKS)

1. Compensation Earned
2. Overtime

Type	Total # of Hours Worked	Disapproved	Begin	End
1	2.5	<input type="checkbox"/>	Date <u>12-2-98</u> Time <u>6:00</u>	Date <u>12-2-98</u> Time <u>4:30</u> <u>am/pm</u>
1	1	<input type="checkbox"/>	Date <u>12-3-98</u> Time <u>7:30</u>	Date <u>12-3-98</u> Time <u>4:30</u> <u>am/pm</u>
		<input type="checkbox"/>	Date _____ Time _____	Date _____ Time _____
		<input type="checkbox"/>	Date _____ Time _____	Date _____ Time _____

REMARKS

AUTHORIZATION <u>[Signature]</u> Employee's Signature		<u>[Signature]</u> Supervisor's Signature
Title _____		Title _____

STATE OF NEW MEXICO - ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

TIME SHEET

Name: RAY, DAVID P

Division: PARK AND RECREATION

Location: ELEPH/BUTE-053B

Pay Period: 12/12/98 - 12/25/98

Week 1

Date	12/12	12/13	12/14	12/15	12/16	12/17	12/18	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			7:30 4:30																		
Lunch Period			12:00 1:00																		
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
053B	/	/	8	8	8	8	8	40	40												
Total Week 1	/	/	8	8	8	8	8	40	40												

Week 2

Date	12/19	12/20	12/21	12/22	12/23	12/24	12/25	Total Hours	Regular Hours	Shift Differential	Annual Leave	Sick Leave	Overtime Hours	Holiday Worked	Holiday Taken	Actual Comp Workd	Comp Time Earned	Comp Time Taken	Call Back Time	Standby Time	Personal Hol. Taken
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
Time Schedule			COMP TAKER			COMP TAKER	Holiday														
Lunch Period																					
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri														
053B	/	/	8	8	8	8	8	32							8			32			
Holiday							8	8													
Total Week 2	/	/	8	8	8	8	8	40							8			32			

Pay Period Totals

80

8

32

1482
GNY

Employee Signature

Supervisor

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR LEAVE OR OVERTIME

Employee Name: DAVID P. RAY

Social Security # [REDACTED]

Division: EMNRD (PARKS)

Date: 12-14-98

Type of Leave: (Use corresponding number for the appropriate type of leave used, below)

- | | | |
|-------------------|---|-------------------------|
| 1. Annual | 4. Sick | 7. Leave Without Pay |
| 2. Administrative | 5. Personal Leave Day | 8. Military |
| 3. Compensatory | 6. Overtime
(must have prior approval) | 9. Educational |
| | | 10. Board or Commission |

LEAVE #1 <input type="checkbox"/> Disapproved	Total # of Hours Taken: <u>32</u>	Type of Leave: <u>3</u> (place # from above, here)
	Beginning: Date <u>12-21-98</u> TIME <u>7:30</u> (Circle One) <u>AM</u> PM	Ending: Date <u>12-24-98</u> TIME <u>11:30</u> <u>AM</u> <u>PM</u>
LEAVE #2 <input type="checkbox"/> Disapproved	Total # of Hours Taken: <u>32</u>	Type of Leave: <u>4</u> (place # from above, here)
	Beginning: Date <u>12-28-98</u> TIME <u>7:30</u> (Circle One) <u>AM</u> PM	Ending: Date <u>12-31-98</u> TIME <u>4:30</u> <u>AM</u> <u>PM</u>
LEAVE #3 <input type="checkbox"/> Disapproved	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
	Beginning: Date _____ TIME _____ (Circle One) _____ AM PM	Ending: Date _____ TIME _____ AM PM
LEAVE #4 <input type="checkbox"/> Disapproved	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
	Beginning: Date _____ TIME _____ (Circle One) _____ AM PM	Ending: Date _____ TIME _____ AM PM

AUTHORIZATION:

David P. Ray
EMPLOYEE SIGNATURE

SIGNATURE AND TITLE, APPROVING AUTHORITY

REMARKS:

(Note: An employee may be required to furnish a doctor's certificate if the duration of the illness exceeds three (3) working days.)

TIME SHEET

Name : RAY, DAVID P

SSN :

$$A: C$$

Division : PARK AND RECREATION

Location : ELEPH/BUTE-053B

Pay Period : 12/26/98 - 01/08/99

Employee Signature

Supervisor

Pay Period Totals

28

4

1

Abstract

32

2

Abstract

22

2

1

1

100

1

1

Rea

[illegible]

Week 2

Ref

AN

for

[illegible]

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR LEAVE OR OVERTIME

Employee Name: DAVID P. RAY
Division: ENIWRD (PARICS)

Social Security: [REDACTED] Date: 12-14-98

Type of Leave: (Use corresponding number for the appropriate type of leave used, below)

- | | | |
|-------------------|--|-------------------------|
| 1. Annual | 4. Sick | 7. Leave Without Pay |
| 2. Administrative | 5. Personal Leave Day | 8. Military |
| 3. Compensatory | 6. Overtime (must have prior approval) | 9. Educational |
| | | 10. Board or Commission |

LEAVE #1 Disapproved <input type="checkbox"/>	Total # of Hours Taken: <u>32</u>	Type of Leave: <u>1</u> (place # from above, here)
	Beginning: Date <u>12-28-98</u> TIME <u>7:30</u> (Circle One) AM PM Ending: Date <u>12-31-98</u> TIME <u>4:30</u> AM PM	
LEAVE #2 Disapproved <input type="checkbox"/>	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
	Beginning: Date _____ TIME _____ (Circle One) AM PM Ending: Date _____ TIME _____ AM PM	
LEAVE #3 Disapproved <input type="checkbox"/>	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
	Beginning: Date _____ TIME _____ (Circle One) AM PM Ending: Date _____ TIME _____ AM PM	
LEAVE #4 Disapproved <input type="checkbox"/>	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
	Beginning: Date _____ TIME _____ (Circle One) AM PM Ending: Date _____ TIME _____ AM PM	

AUTHORIZATION:

DAVID P. RAY
EMPLOYEE SIGNATURE

[Signature]
SIGNATURE AND TITLE, APPROVING AUTHORITY

REMARKS:

(Note: An employee may be required to furnish a doctor's certificate if the duration of the illness exceeds three (3) working days.)

TIME SHEET

Name: RAY, DAVID P

SSN :

C

Division: **PARK AND RECREATION**

Location : ELEPH/BUTE-053B

Pay Period : 01/09/99 - 01/22/99

Employee Signature

Supervisor

Pay Period Totals

~~8~~

8

Per

1501

100

Week 2

7

Week 1

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR LEAVE OR OVERTIME

Employee Name: DAVID P. RAY

Division: EMNRD (PARKS)

Social Security # [REDACTED]

Date: 1-15-99

Type of Leave: (Use corresponding number for the appropriate type of leave used, below)

1. Annual
2. Administrative
3. Compensatory

4. Sick
5. Personal Leave Day
6. Overtime
(must have prior approval)

7. Leave Without Pay
8. Military
9. Educational
10. Board or Commission

LEAVE #	Total # of Hours Taken:	Type of Leave:	Beginning: Date	Ending: Date	TIME	(Circle One) AM PM
LEAVE #1	<u>8</u>	<u>4</u> (place # from above, here)	<u>1-15-99</u>	<u>1-15-99</u>	<u>7 30</u>	<u>AM</u>
Disapproved <input type="checkbox"/>						
LEAVE #2						
Disapproved <input type="checkbox"/>						
LEAVE #3						
Disapproved <input type="checkbox"/>						
LEAVE #4						
Disapproved <input type="checkbox"/>						

AUTHORIZATION:

DAVID P. RAY
EMPLOYEE SIGNATURE

William Michael Lee Bell Jr. Secretary
SIGNATURE AND TITLE, APPROVING AUTHORITY

REMARKS:

(Note: An employee may be required to furnish a doctor's certificate if the duration of the illness exceeds three (3) consecutive days.)

TIME SHEET

Name: RAY, DAVID P

SSN

 $\hat{L}S_1$

Division : **PARK AND RECREATION**

Location : ELEPH/BUTE-053B

Pay Period : 01/23/99 - 02/05/99

Employee Signature

Supervisor

$\sigma_{11} = \tau_{11}$

Week 1

[illegible]

Week 2

[illegible]

Pay Period Totals

582

25

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR COMPENSATION/OVERTIME EARNED

Employee Name David P. Parks

Social Security No. [REDACTED]

Date 2-1-99

Division EMURD (PARKS)

TYPE OF LEAVE (Use corresponding number for the appropriate type of leave used, below.)

1. Compensation Earned
2. Overtime

Type of Leave	Total # of Hours Taken	Disapproved <input checked="" type="checkbox"/>	DATES OVERTIME	
			Begin	End
1	2.5	<input type="checkbox"/>	Date: <u>1-25-99</u> Time: <u>7:30</u> <u>am/pm</u>	<u>1-25-99</u> <u>No LUNCH</u> <u>6:00</u> <u>am/pm</u>
1	2.5	<input type="checkbox"/>	Date: <u>1-26-99</u> Time: <u>7:30</u> <u>am/pm</u>	<u>1-26-99</u> <u>No LUNCH</u> <u>6:00</u> <u>am/pm</u>
		<input type="checkbox"/>	Date: _____ Time: _____ am/pm	_____ am/pm
		<input type="checkbox"/>	Date: _____ Time: _____ am/pm	_____ am/pm

REMARKS: COMP. EARNED 7.5

AUTHORIZATION

Employee's Signature David P. Parks

Supervisor's Signature Juan Madrid by Betty Jean Rutledge

Title Rgt. Mgr.

TIME SHEET

Name : RAY, DAVID P

SSN :

C

Division: **PARK AND RECREATION**

Location : ELEPH/BUTE-053B

Pay Period : 02/06/99 - 02/19/99

Employee Signature

Supervisor

Pay Period Totals

445

35.5

Per

Week 2

K5

Se/ks

Week 1

[illegible]

REQUEST FOR LEAVE OR OVERTIME

Employee Name: David P. Ray
 Division: EMERD (PARKS)

Social Security # [REDACTED]

Date: 2-15-99

Type of Leave: (Use corresponding number for the appropriate type of leave used, below)

- | | | |
|-------------------|---|-------------------------|
| 1. Annual | 4. Sick | 7. Leave Without Pay |
| 2. Administrative | 5. Personal Leave Day | 8. Military |
| 3. Compensatory | 6. Overtime
(must have prior approval) | 9. Educational |
| | | 10. Board or Commission |

LEAVE #1	Total # of Hours Taken: <u>8</u>	Type of Leave: <u>4</u> (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date <u>2-8-99</u> TIME <u>7:30</u> (Circle One) <u>AM</u> PM	Ending: Date <u>2-8-99</u> TIME <u>4:30</u> <u>AM</u> <u>PM</u>
LEAVE #2	Total # of Hours Taken: <u>3.5</u>	Type of Leave: <u>4</u> (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date <u>2-9-99</u> TIME <u>1:00</u> (Circle One) <u>AM</u> <u>PM</u>	Ending: Date <u>2-9-99</u> TIME <u>4:30</u> <u>AM</u> <u>PM</u>
LEAVE #3	Total # of Hours Taken: <u>24</u>	Type of Leave: <u>4</u> (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date <u>2-10-99</u> TIME <u>7:30</u> (Circle One) <u>AM</u> PM	Ending: Date <u>2-12-99</u> TIME <u>4:30</u> <u>AM</u> <u>PM</u>
LEAVE #4	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____ (Circle One) AM PM	Ending: Date _____ TIME _____ AM PM

AUTHORIZATION:

David P. Ray
 EMPLOYEE SIGNATURE

TOTAL HRS. 35.5
 SIGNATURE AND TITLE, APPROVING AUTHORITY

REMARKS:

(Note: An employee may be required to furnish a doctor's certificate if the duration of the illness exceeds three (3) working days.)

TIME SHEET

Name : HAY, DAVID P

SSN :

C

Division : PARK AND RECREATION

Location: **ELEPH/BUTE-053B**

Pay Period: 02/20/99 - 03/05/99

Week 1

[illegible]

Week 2

[illegible]

Pay Period Totals

76.5

33
34

Employee Signature

Supervisor

Domine Medici Collegii Gratia

TIME SHEET

NAME : RAY, DAVID P

95N

Division: **PARK AND RECREATION**

Location: ELEPH/BUTE-053B

Pay Period: 03/06/99 - 03/19/99

Employee Signature

Supervisor

Date	3/6	3/7	3/8	3/9	3/10	3/11	3/12
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	/	/	7:30 4:30				
Lunch Period	/	/	12:00 1:00				
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Total Week 1	/	/	8	8	8	8	8
Total Hours			40	40			
Regular Hours			40	40			
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Total Week 1

Week 2

Date	3/13	3/14	3/15	3/16	3/17	3/18	3/19
Day of the Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Time Schedule	/	/	7:30 4:30			X	X
Lunch Period	/	/	12:00 1:00			X	X
Responsibility Center	Sat	Sun	Mon	Tue	Wed	Thu	Fri
(Comp Taken)			8	8	8	8	8
Total Week 2	/	/	8	8	8	8	8
Total Hours			40	40			
Regular Hours			40	40			
Shift Differential							
Annual Leave							
Sick Leave							
Overtime Hours							
Holiday Worked							
Holiday Taken							
Actual Comp Workd							
Comp Time Earned							
Comp Time Taken							
Call Back Time							
Standby Time							
Personal Hol. Taken							

Total Week 2

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR LEAVE

Employee Name DAVID P. RAY Social Security No. [REDACTED] Date 3-8-99
Division EMERALD (PARKS)

TYPE OF LEAVE (Use corresponding number for the appropriate type of leave used, below.)

1. Annual
2. Administrative
3. Compensatory
4. Sick
5. Personal Leave Day
6. Leave Without Pay
7. Military
8. Educational
9. Board of Commission

NOTE: an employee may be required to furnish a doctor's certificate if the duration the illness exceeds three (3) working days.

Type of Leave	Total # of Hours Taken	Disapproved ✓	DATES OF LEAVE	
			Begin	End
3	3.5		Date: <u>3-5-99</u> Time: <u>1:00</u> am/pm	<u>3-5-99</u> <u>4:30</u> am/pm
			Date: _____ Time: _____ am/pm	_____ am/pm
			Date: _____ Time: _____ am/pm	_____ am/pm
			Date: _____ Time: _____ am/pm	_____ am/pm

REMARKS:

AUTHORIZATION	
Employee's Signature <u>[Signature]</u>	Supervisor's Signature <u>[Signature]</u>
	Title <u>[Signature]</u>

Over

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

REQUEST FOR LEAVE OR OVERTIME

Employee Name: DAVID P. RAY

Social Security # [REDACTED]

Date: 3-12-99

Division: EMNRD (PARKS)

Type of Leave: (Use corresponding number for the appropriate type of leave used, below)

- | | | |
|-------------------|---|-------------------------|
| 1. Annual | 4. Sick | 7. Leave Without Pay |
| 2. Administrative | 5. Personal Leave Day | 8. Military |
| 3. Compensatory | 6. Overtime
(must have prior approval) | 9. Educational |
| | | 10. Board or Commission |

LEAVE #1	Total # of Hours Taken: <u>8</u>	Type of Leave: <u>3</u> (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date <u>3-19-99</u> TIME <u>7:30</u> (Circle One) <u>AM</u> PM	Ending: Date <u>3-19-99</u> TIME <u>4:30</u> AM <u>PM</u>
LEAVE #2	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____ (Circle One) _____ AM PM	Ending: Date _____ TIME _____ AM PM
LEAVE #3	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____ (Circle One) _____ AM PM	Ending: Date _____ TIME _____ AM PM
LEAVE #4	Total # of Hours Taken: _____	Type of Leave: _____ (place # from above, here)
Disapproved <input type="checkbox"/>	Beginning: Date _____ TIME _____ (Circle One) _____ AM PM	Ending: Date _____ TIME _____ AM PM

AUTHORIZATION:

David P. Ray
EMPLOYEE SIGNATURE

SIGNATURE AND TITLE, APPROVING AUTHORITY

REMARKS:

(Note: An employee may be required to furnish a doctor's certificate if the duration of the illness exceeds three (3) working days.)

ATTACHMENT #14

**COPY OF SIERRA COUNTY REGIONAL DISPATCH AUTHORITY
911 DESK LOGS & AUDIO TAPE**

NEW MEXICO STATE POLICE RECEIPT FOR PROPERTY OR EVIDENCE

NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED		ADDRESS (Include Zip Code)
<input checked="" type="checkbox"/> owner	Sienna County Regional	100 A. Date Street
<input type="checkbox"/> other	Dispatch Authority	Turthor Ponceguera NM 87961
LOCATION WHERE PROPERTY WAS OBTAINED		
Sienna County Regional Dispatch		
PURPOSE FOR WHICH OBTAINED		
Audio Tape Evidence of 911 call (3-22-99)		
LOCATION WHERE PROPERTY WILL BE STORED		
NMSP		
ITEM NR	QUAN-TITY	DESCRIPTION OF ARTICLES (include model, serial Nr, identifying marks, condition, and value)
E	1	1) Cassette Tape of the 3-22-99/911 emergency call (copy of transmission)
F	25	(25) pages - Cover Sheet plus Radio logs of calls on 3-22-99
I CERTIFY THAT I HAVE RECEIVED AND HOLD MYSELF RESPONSIBLE FOR THE ARTICLES LISTED.		
DATE & TIME REC'D		SIGNATURE

[illegible]

Sierra County Regional Dispatch Authority

100 A Date St. Truth or Consequences, NM 87901

*Director
Barbara Schalkofski*

*Asst. Director
911 Coordinator
Cindy Torres-Harris*

March 24, 1999

TO: New Mexico State Police Investigations

FROM: Barbara Schalkofski, Director

The Communications operators on duty that took the two 911 calls on March 22, 1999 in reference to the Cynthia Vigil case were Marvin Bean and Ann Hankins.

Copy of the 9/11 call records.

Bob Shalby
Director

Sierra Co. Regional
Dispatch Authority
100 A Date St.
Truth or Consequences
New Mexico 87901

1201
(505) 744-5070 RESD 03/22 15:25
PARKER, DAVID S

1
SIERRA COUNTY

486 P#744-5070

K8 BASS RD
NM ELEPHANT BUTTE
4867

PSAP=TORC--ELEPHANT BUTTE

SHERIFF

LAKESHORE FIRE

LAKESHORE EMS

0 744-5070 01 15:23:55 03/22/99 15:23:58 00:00:00 000-0000 15:24:53

2201
(505) 744-5828 RESD 03/22 15:30
BREECH, DON R

1
SIERRA COUNTY

486 P#744-5828

PO BOX 796
NM ELEPHANT BUTTE
4867

PSAP=TORC--ELEPHANT BUTTE

SHERIFF

LAKESHORE FIRE

LAKESHORE EMS

0 744-5828 02 15:28:58 03/22/99 15:29:02 00:00:00 000-0000 15:36:46 0

513 Bass Road

301 Hot Springs Landing Road

[illegible]

DATE 10/21/77 HOURS 11:00 FROM 101-10

TIME	CALLING	CALLED	CODES										NATURE OF CALL	OF
			7	8	10	42	49	50	53	97	98	11/5	81	
1504	GM												Call - it may be a late phone call	41
1528		515											Phone. Person call from car	
1536	821-	81255											513 phone call	
													was on the 1st floor	
													304 1st floor Sunday Subj	
													1st floor	
1538	821												Area 11 reported by car	
1533														
	B	1311												
1534		511												
1543	511												On 10/27 as Subject	
1545	515												514 to 1000	
1546	514												Capitator 11/21 9-15-77	
1547		511											Rel	
1548													Call 511 tell the owner	
1549	514												Call	
1550		514											10/28 511	
1551	232												10/28 511	
1552	207												10/28 511	
1553	232												10/28 511	
1554	514												10/28 511	
1555	515												10/28 511	
1556	51												10/28 511	
1557		515											10/28 511	

Note Did not know Serial are out or even on Area

[illegible]

TIME	CALLING	CALLED	7	8	10	42	49	50	53	97	98	11/5	81	NATURE OF CALL	OF
1714	24														40
1723	Colr														
1735															
1738	207	Colr													
1739	653														
1753	51														
1757	RP														
1751	24														
1753	RP														
1754		207													
1755	207														
1752		207													
1754		207													
1800	207														
1800	503														
1810	RP														
1818	511														
1933	101														
1846	207														40

1846 207

See Memoranda 207 to 1404

894-9033

[illegible]

TIME	CALLING	CALLED	7	8	10	42	49	50	53	97	98	1/S	81	NATURE OF CALL	OR
1946	5/5														
1947	207														
1948		Called													
1949															
1950	5/5														
1951	201														
1952	RP														
2004	RP														
2015	5/5														
2016	RP														
2017	5/5														
2018	5/5														
2019	203														
2020	5/5														
2021	RP														
2022															
2023	203														
2024	5/5														
2025	201														
2026	5/5														
2027	203														
2028	203														
2029	203														
2030	203														
2031	203														
2032	203														
2033	203														
2034	203														
2035	203														
2036	203														
2037	203														
2038	203														
2039	203														
2040	203														
2041	203														
2042	203														
2043	203														
2044	203														
2045	203														
2046	203														
2047	203														
2048	203														
2049	203														
2050	203														
2051	203														
2052	203														
2053	203														
2054	203														
2055	203														
2056	203														
2057	203				</										

INVOICE OF CALL												OPR
8130		518-14-8										
2141	RF											
2151	RF											
2153	Sgt Marshall											
2216	Sgt Marshall	518-14-15										
2223	B64											
2254	5-15	531414										
2310	207											
2326	916											
2332	216											
2335	216											
2341	335											
2342	335											
2343	14											
2388	2520											
ADA Full Wastewater with 1st CB from Run 24 Ballroom for 218												
to Wastewater P/u 10-41 SA SPD 4461-16-15												
4461-16-15												

SIERRA COUNTY PATCH AUTHORITY
COMMUNICATIONS LOG

DATE 3-3 1999

HOURS: FROM 0000 TO 0449

PG. NO. 231

[illegible]

COMMUNICATIONS LOG

PG. NO. 232

[illegible]

TIME	CALLING	CALLED	7	8	10	42	49	50	53	97	98	11/5	81	NATURE OF CALL	OPR
1514	202														
1520		Phn												50 - Home space msg chas	ack
1534	AC-2													5-15 well msg	
1525	Phn													511 - Trailer Train - make	
1529	EQ11													Report 3d that spring	
1538	Phn													for Cynthia sleeping nearby	
														Report 1 hour on text	
														Don't know. Ex. work - act -	
														21 gnd cell - 744-5828 -	
														Went Saturday - outside	
														of - like him & mother.	
														Home -	
1544	Phn													People come into Trailer	
														Trade - people just drive	
														thru - that's 401 E. 151 -	
														166 475-4 D. Green color.	
544		207												294-5001 - Qu. 164	
														near to 501 E. 151 - Kanto 121	
548	Phn													Pl. red wires - Lannanmont.	
														Ind. to dog - friend -	
														ACB Ward - Left Cecil	
549	515													844 - 10456	
														Baron kid - 811 - 513 Pine Rd	
														P/S Airport	

TIME	CALLING	CALLED	7	8	10	42	49	50	53	97	98	115	81	NATURE OF CALL	OPR
1622	202													218	Adk
1623	202													Dist Ct. needs restraining order received	
1624	202														
1631	202														
1634	202														
1633	202														
1637	202														
1638	202														
1642	202														
1644	202														
1700	202														
1701	202														
1711	202														
1713	202														
1714	202														
1715	202														
1715	202														

Dist Ct. needs restraining order received
 - from Wilkes Co. SO
 out at dist ct.
 out at Endicott
 City Jail - Cantonment 101102
 trapping with several -
 heavily inspected - give
 15 days - 1 day -
 the next morning the
 kept Cristel - accident
 several days - PD - will
 be there
 the answer
 10/10 1130 28
 3/202 29
 051139 5523 Time of

TIME	CALLING	CALLED	7	8	10	42	49	50	53	97	98	T/S	B1
1715	PAn												
1718	SIS												
1725	-PAn												
/													
1735		PAn											
1746	PAn												
1730	PAn												
1731	PAn												
1732	PAn												
1733	PAn												
/													
1740	PAn												
1742	207												
1744	PAn												
1745	PAn												
/													
1749	202												
1749	202												
1754	PAn												

233 - Home 218 P/S @ 42
 When gets to Training det.
 Sit Rn 31m 14.84.4
 Legal call - 894-4543
 Ande Mel - legal Towner
 601 home great - 610 41.3rd
 - 1204 no answer
 232 - 1300ing H spec
 1204 - Jan 2001
 down to 2nd floor laundry -
 3rd floor in house 601/3 other
 down
 Carel - down -
 PAn - down - 201 leave
 notified -
 PAn - down - directional
 416 to 47
 233 - all call again
 Down - Hospital - 514
 advised there if found
 go ahead do - I keep
 position there -
 on it to 610 41.3rd
 Possible on duty -



79 3 3050 E 3 3

USA

TIME	CALLING	CALLED	10 CODES										NATURE OF CALL	OPR
			7	8	10	42	49	50	53	97	98	175		
1845	5412	can to car											SVH location (800E. 9th) Bell	
1846	John												Aviation Training 318 800E. 9th	
-	-												Aviation - 133rd Street - meeting	
1847	John												DO is # 1st check	
1849	John	307											meets EAT car	
1852		John											103 - X 2	
1854	EQ 11												Enrollment - Down Avenue	
1855	102												Down at the Park	
1857	John												stake to college - Avia - 300E. 9th	
1858	John												total 300E. 9th	
1901	307												1st 300E. 9th - 300E. 9th	
1903	102												110 300E. 9th	
1904	102												10/12/20 300E. 9th 34209.1	
1905	102												Education (park)	
1906	102												409 E 2ND ST. 34210.8 E/m	
1907	102												210-1212	
1908	102	307											110 300E. 9th	
1909	102												110 300E. 9th	
1910	102												110 300E. 9th	
1911	102												110 300E. 9th	
1912	102												110 300E. 9th	
1913	102												110 300E. 9th	
1914	102												110 300E. 9th	
1915	102												110 300E. 9th	
1916	102												110 300E. 9th	
1917	102												110 300E. 9th	
1918	102												110 300E. 9th	
1919	102												110 300E. 9th	
1920	102												110 300E. 9th	
1921	102												110 300E. 9th	
1922	102												110 300E. 9th	
1923	102												110 300E. 9th	
1924	102												110 300E. 9th	
1925	102												110 300E. 9th	
1926	102												110 300E. 9th	
1927	102												110 300E. 9th	
1928	102												110 300E. 9th	
1929	102												110 300E. 9th	
1930	102												110 300E. 9th	
1931	102												110 300E. 9th	
1932	102												110 300E. 9th	
1933	102												110 300E. 9th	
1934	102												110 300E. 9th	
1935	102												110 300E. 9th	
1936	102												110 300E. 9th	
1937	102												110 300E. 9th	
1938	102												110 300E. 9th	
1939	102												110 300E. 9th	
1940	102												110 300E. 9th	
1941	102												110 300E. 9th	
1942	102												110 300E. 9th	
1943	102												110 300E. 9th	
1944	102												110 300E. 9th	
1945	102												110 300E. 9th	
1946	102												110 300E. 9th	
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1959	102												110 300E. 9th	
1960	102												110 300E. 9th	
1961	102												110 300E. 9th	
1962	102												110 300E. 9th	
1963	102												110 300E. 9th	
1964	102												110 300E. 9th	
1965	102												110 300E. 9th	
1966	102												110 300E. 9th	
1967	102												110 300E. 9th	
1968	102												110 300E. 9th	
1969	102												110 300E. 9th	
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1971	102												110 300E. 9th	
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1973	102												110 300E. 9th	
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1998	102												110 300E. 9th	
1999	102												110 300E. 9th	
2000	102												110 300E. 9th	



USA

TIME	CALLING	CALLED	7	8	10	10 CODES										NATURE OF CALL	OPR
						42	49	50	53	97	98	11	15	81			
1946		YPRN													Phone - visit thru on way back		
1949	541														Phone		
1953		YPRN													meet me thru 5 min.		
1955		YPRN													Phone call - through		
1959	YPRN														on way to cell		
2003	YPRN														Heard - 12-100 6pm		
2007	YPRN														will call back		
2011	YPRN														John Washington - 28-313 HTE		
2013	207														Jim		
2014		207													Grey suit Tom - @ PD -		
2017		YPRN													Shelly Wallace, Patrick		
2021	103														arrived - knock out		
2023	207														last at bank 8:30		
2030	207														10/13 on way coming		
2032		207													front camera - RP @ PD		
2038		203													Back 10. End - through		
															circumlocute		
															apt. Phone clean (218) 10/44/1980		
															401 RP		
															Thurs - Martin - 5-8-81		
															509847180		
															at		

ME	CALLING	CALLED	7	8	10	10 CODES	42	49	50	53	97	98	1/S	BI	NATURE OF CALL	OPR
51		203														
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99	203															
100	203															





SIERRA COUNTY DISPATCH AUTHORITY COMMUNICATIONS LOG



DATE 03 23 19 99

HOURS: FROM 0000 TO 547

PG. NO. 1

TIME	CALLING	CALLED	7	8	10	CODES										NATURE OF CALL	OPR
						42	49	50	53	97	98	11	15	81			
2002	216															adv. 541 & JPC	
2004	214															Prosser - discuss the 335	
42		335														99. Control air of range	
42	204															calling 208 & 149-50	
106	2															27050	
212	203															2158 726	
250	204															51 Control	
253	204															267 515 11	
253		204														271	
254	214															adv. discuss local late 219	
251	254	5. 1														adv.	
411	21																
414		203	X													adv. called by JP	
414	15		X													1041 1057	
451		204														adv. 271. discuss the 271	
456		204														10 09 03	
457	204															adv. 271. discuss the 271	
502		204														adv. 271. discuss the 271	
506	13															adv. 271. discuss the 271	
511	204															1041 271 504 271	
536		204														adv. 271. discuss the 271	
542	204															adv. 271. discuss the 271	
547	202		X													adv. 271. discuss the 271	

1

HOURS: FROM 547 TO _____

PG. NO. 4

[illegible]

ATTACHMENT #15
COPY OF LONG DISTANCE TELEPHONE RECORDS
(05-16-95 TO 05-16-97)

No
phone
records

NEW MEXICO STATE POLICE RECEIPT FOR PROPERTY OR EVIDENCE

NAME OF PERSON FROM WHOM PROPERTY IS OBTAINED

ADDRESS (Include Zip Code)



owner

New State Parks

P.O. Box 206



other

c/o Region 3 Manager

Elephant Butte NM 87935

LOCATION WHERE PROPERTY WAS OBTAINED

State Parks Maintenance Shop 894-2306

PURPOSE FOR WHICH OBTAINED

Telephone Evidence

LOCATION WHERE PROPERTY WILL BE STORED

NMSP

ITEM
NR

QUAN-
TITY

DESCRIPTION OF ARTICLES
(include model, serial Nr, identifying marks, condition, and value)

G

1/16

Telephone Records from May 16 1995 to May 16 1997

I CERTIFY THAT I HAVE RECEIVED AND HOLD MYSELF RESPONSIBLE FOR THE ARTICLES LISTED.

DATE & TIME REC'D

TYPED NAME

SIGNATURE



PAGE 4 OF 6

TELEPHONE NUMBER	505 894-2306	Customer ID 910729
BILL DATE	May 16, 1995	

GTE Regulated Long Distance Calls**Direct Dialed Calls**

	Date	Time	Place called	Number called	Period	Min.	Amount
1	Apr 24	10:55 am	Las Cruces NM	505 525-0851	Day	2	\$.69
2	Apr 26	10:53 am	Albuquerque NM	505 880-8222	Day	2	.76
3	May 3	9:34 am	Mimbres NM	505 536-2800	Day	3	.96
4	May 4	1:15 pm	Albuquerque NM	505 345-7646	Day	5	1.75
5	May 4	3:21 pm	Las Cruces NM	505 524-4068	Day	1	.39
6	May 4	3:24 pm	Deming NM	505 546-6182	Day	1	.39
7	May 5	3:40 pm	Columbus NM	505 531-2711	Day	1	.40
8	May 5	3:42 pm	Mimbres NM	505 536-2800	Day	1	.38
9	May 5	3:44 pm	Deming NM	505 546-6182	Day	1	.39
10	May 5	3:46 pm	Las Cruces NM	505 524-4068	Day	1	.39
11	May 8	11:09 am	Albuquerque NM	505 884-2900	Day	1	.43
12	May 8	11:09 am	Albuquerque NM	505 884-2900	Day	2	.76
13	May 9	2:13 pm	Columbus NM	505 531-2711	Day	1	.40
14	May 9	2:14 pm	Mimbres NM	505 536-2800	Day	1	.38
15	May 12	9:01 am	Santa Fe NM	505 827-0451	Day	1	.43
16	May 15	11:01 am	Santa Fe NM	505 827-0451	Day	1	.43
Total							\$ 9.33

Regulated Service Taxes and Surcharges

	Amount
17 Telecommunications relay service (0.33% of \$46.39)	\$.15
18 State tax (5.00% of \$46.39)	2.32
19 911 Fee - implementation	.25
20 911 Fee - maintenance	.26
Total	\$ 2.98

GTE regulated service charges**\$ 49.37****GTE NON-REGULATED SERVICE (May 16 to Jun 16)**

	Amount
21 Local service charge	\$ 1.75
Total	\$ 1.75

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52NM-6000 505 894-2306 19910729 02 01



PAGE 3 OF 4

TELEPHONE NUMBER 505 894-2306 Customer ID 910729
BILL DATE June 16, 1995

PAYMENTS

1 Payment of \$ 62.86 received on Jun 1.
Total payment(s) of \$ 62.86 received.

GTE REGULATED SERVICE (Jun 16 to Jul 16)	Amount
2 Local service charge	\$ 22.50
3 Interstate subscriber line chg	6.00
Total	\$ 28.50

Based on time and
amount of use.

GTE Local Calls**Local Call Summary**

Call area	Period	No. of calls	Total mins.	Rate per min.	Amount
4 Local	All day	67	64	.0375	2.40
Total					\$ 2.40

GTE Regulated Long Distance Calls**Direct Dialed Calls**

Date	Time	Place called	Number called	Period	Min.	Amount
5 May 17	1:41 pm	Albuquerque NM	505 877-3883	Day	5	\$ 1.75
6 May 17	1:58 pm	Albuquerque NM	505 877-3707	Day	2	.76
7 May 17	2:17 pm	Albuquerque NM	505 884-1939	Day	4	1.42
8 May 17	2:23 pm	Albuquerque NM	505 247-4036	Day	2	.76
9 May 18	8:38 am	Santa Fe NM	505 827-0451	Day	1	.43
10 May 22	9:21 am	Deming NM	505 546-3622	Day	6	1.89
11 May 23	3:08 pm	Deming NM	505 546-3622	Day	2	.69
12 Jun 1	11:22 am	Albuquerque NM	505 345-7646	Day	3	1.09
13 Jun 2	9:17 am	Albuquerque NM	505 345-7646	Day	3	1.09
Total						\$ 9.88

Regulated Service Taxes and Surcharges

	Amount
14 Telecommunications relay service (0.33% of \$40.78)	\$.13
15 State tax (5.00% of \$40.78)	2.04

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52NM-6000 505 894-2306 19910729 04 01



PAGE 3 OF 4

TELEPHONE NUMBER 505 894-2306 Customer ID 910729
BILL DATE June 16, 1995

PAYMENTS

1 Payment of \$ 62.86 received on Jun 1.
Total payment(s) of \$ 62.86 received.

GTE REGULATED SERVICE (Jun 16 to Jul 16)	Amount
2 Local service charge	\$ 22.50
3 Interstate subscriber line chg.	6.00
Total	\$ 28.50

Based on time and
amount of use.

GTE Local Calls**Local Call Summary**

Call area	Period	No. of calls	Total mins.	Rate per min.	Amount
4 Local	All day	67	64	.0375	2.40
Total					\$ 2.40

GTE Regulated Long Distance Calls**Direct Dialed Calls**

Date	Time	Place called	Number called	Period	Min.	Amount
5 May 17	1:41 pm	Albuquerque NM	505 877-3883	Day	5	\$ 1.75
6 May 17	1:58 pm	Albuquerque NM	505 877-3707	Day	2	.76
7 May 17	2:17 pm	Albuquerque NM	505 884-1939	Day	4	1.42
8 May 17	2:23 pm	Albuquerque NM	505 247-4036	Day	2	.76
9 May 18	8:38 am	Santa Fe NM	505 827-0451	Day	1	.43
10 May 22	9:21 am	Deming NM	505 546-3622	Day	6	1.89
11 May 23	3:08 pm	Deming NM	505 546-3622	Day	2	.69
12 Jun 1	11:22 am	Albuquerque NM	505 345-7646	Day	3	1.09
13 Jun 2	9:17 am	Albuquerque NM	505 345-7646	Day	3	1.09
Total						\$ 9.88

Regulated Service Taxes and Surcharges

	Amount
14 Telecommunications relay service (0.33% of \$40.78)	\$.13
15 State tax (5.00% of \$40.78)	2.04

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52NM-6000 505 894-2306 19910729 04 01



TELEPHONE NUMBER 505 894-2306

PAGE 3 OF 4

BILL DATE June 16, 1996

PAYMENTS

1 Payment of \$ 56.05 received on May 22.
 Total payment(s) of \$ 56.05 received.

GTE REGULATED SERVICE (Jun 16 to Jul 16)

	Amount
2 Local service charge	\$ 12.16
3 Interstate subscriber line chg.	6.00
Total	\$ 18.16

Based on time and
amount of use.

GTE Local Calls**Local Call Summary**

Call area	Period	No. of calls	Total mins.	Rate per min.	Amount
4 Local	All day	56	103	.0375	3.86
Total					\$ 3.86

GTE Regulated Long Distance Calls**Direct Dialed Calls**

Date	Time	Place called	Number called	Period	Min.	Amount
5 May 27	1:34 pm	Las Cruces NM	505 524-4068	Day	1	\$.28
6 May 31	3:56 pm	Las Cruces NM	505 524-4068	Day	1	.28
7 May 31	3:57 pm	Mimbres NM	505 536-2800	Day	1	.23
8 May 31	3:59 pm	Deming NM	505 546-6182	Day	2	.56
9 Jun 3	1:26 pm	Las Cruces NM	505 524-3633	Day	2	.56
Total						\$ 1.91

Regulated Service Taxes and Surcharges

	Amount
10 Telecommunications relay service (0.33% of \$23.93)	\$.08
11 State tax (5.00% of \$23.93)	1.20
12 911 Fee - implementation	.25
13 911 Fee - maintenance	.26
Total	\$ 1.79

GTE regulated service charges

\$ 25.72

GTE NON-REGULATED SERVICE (Jun 16 to Jul 16)

	Amount
14 Local service charge	\$ 1.75
Total	\$ 1.75



TELEPHONE NUMBER 505 894-2306

PAGE 3 OF 4

BILL DATE July 16, 1996

GTE REGULATED SERVICE (Jul 16 to Aug 16)		Amount
1 Local service charge		\$ 12.16
2 Interstate subscriber line chg		6.00
Total		\$ 18.16

Based on time and amount of use.

GTE Local Calls

Local Call Summary

Call area	Period	No. of calls	Total mins.	Rate per min.	Amount
3 Local	All day	96	143	.0375	5.36
Total					\$ 5.36

GTE Regulated Long Distance Calls

Direct Dialed Calls

Date	Time	Place called	Number called	Period	Min.	Amount
4 Jun 17	8:12 am	Las Cruces NM	505 523-2456	Day	2	\$.56
5 Jun 17	10:03 am	Albuquerque NM	505 881-3511	Day	8	2.24
6 Jun 17	10:45 am	Santa Fe NM	505 471-8620	Day	4	1.12
7 Jun 17	10:50 am	Albuquerque NM	505 345-7195	Day	4	1.12
8 Jun 17	11:05 am	Albuquerque NM	505 883-7742	Day	3	.84
9 Jun 21	9:34 am	Columbus NM	505 531-2711	Day	1	.28
10 Jul 2	9:56 am	Santa Fe NM	505 827-5904	Day	17	4.76
11 Jul 3	11:45 am	Socorro NM	505 835-0067	Day	4	1.12
12 Jul 3	1:44 pm	Socorro NM	505 835-0067	Day	3	.84
13 Jul 8	9:15 am	Socorro NM	505 835-0067	Day	4	1.12
14 Jul 9	8:11 am	Socorro NM	505 835-0067	Day	3	.84
15 Jul 10	9:54 am	Socorro NM	505 835-0067	Day	3	.84
16 Jul 15	2:34 pm	Las Cruces NM	505 524-6300	Day	2	.56
17 Jul 15	2:42 pm	Santa Fe NM	505 827-2827	Day	4	1.12
Total						\$ 17.36

Regulated Service Taxes and Surcharges

	Amount
18 Telecommunications relay service (0.33% of \$40.88)	\$.13
19 State tax (5.00% of \$40.88)	2.04
20 911 Fee - implementation	.25
21 911 Fee - maintenance	.26
Total	\$ 2.68

GTE regulated service charges

\$ 43.56

GTE NON-REGULATED SERVICE (Jul 16 to Aug 16)

	Amount
22 Local service charge	\$ 1.75
Total	\$ 1.75

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PAGE 4 OF 6

TELEPHONE NUMBER	505 894-2306	Customer ID	910729
BILL DATE	August 16, 1995		

GTE Regulated Long Distance Calls (continued)**Direct Dialed Calls (continued)**

Date	Time	Place called	Number called	Period	Min.	Amount
1 Aug 16	1:47 pm	Las Cruces NM	505 522-1938	Day	1	\$.39
Total						\$ 11.38

Regulated Service Taxes and Surcharges	Amount
2 Telecommunications relay service (0.33% of \$42.65)	\$.14
3 State tax (5.00% of \$42.65)	2.13
4 911 Fee - implementation	.25
5 911 Fee - maintenance	.26
Total	\$ 2.78

GTE regulated service charges

\$ 45.43

GTE NON-REGULATED SERVICE (Aug 16 to Sep 16)	Amount
6 Local service charge	\$ 1.75
Total	\$ 1.75

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52NM-6000 505 894-2306 19910729 02 09



PAGE 3 OF 6

TELEPHONE NUMBER 505 894-2306 Customer ID 910729
BILL DATE August 16, 1995

GTE REGULATED SERVICE (Aug 16 to Sep 16) Amount
1 Local service charge \$ 22.50
2 Interstate subscriber line chg 6.00
Total \$ 28.50

Based on time and
amount of use.

GTE Local Calls**Local Call Summary**

Call area	Period	No. of calls	Total mins.	Rate per min.	Amount
3 Local	All day	67	74	.0375	2.77
Total					\$ 2.77

GTE Regulated Long Distance Calls**Direct Dialed Calls**

Date	Time	Place called	Number called	Period	Min.	Amount
4 Jul 18	9:28 am	Deming NM	505 546-3622	Day	5	\$ 1.59
5 Jul 18	1:59 pm	Albuquerque NM	505 880-8222	Day	3	1.09
6 Jul 19	1:22 pm	Las Cruces NM	505 524-3554	Day	1	.39
7 Jul 19	1:24 pm	Las Cruces NM	505 522-2356	Day	1	.39
8 Jul 20	10:46 am	Las Cruces NM	505 526-8457	Day	1	.39
9 Jul 20	10:47 am	Las Cruces NM	505 526-4389	Day	1	.39
10 Jul 20	10:52 am	Las Cruces NM	505 523-8636	Day	1	.39
11 Jul 20	10:55 am	Las Cruces NM	505 523-2400	Day	1	.39
12 Jul 20	11:01 am	Las Cruces NM	505 524-8730	Day	2	.69
13 Jul 20	2:38 pm	Albuquerque NM	505 880-8222	Day	2	.76
14 Jul 28	10:31 am	Las Cruces NM	505 526-6811	Day	1	.39
15 Aug 7	10:38 am	Alamogordo NM	505 437-8284	Day	1	.40
16 Aug 7	10:59 am	Las Cruces NM	505 522-1938	Day	2	.69
17 Aug 7	11:07 am	Albuquerque NM	505 344-4940	Day	4	1.42
18 Aug 10	8:01 am	Las Cruces NM	505 524-4068	Day	1	.39
19 Aug 10	8:09 am	Las Cruces NM	505 524-4068	Day	2	.69
20 Aug 12	1:31 pm	Las Cruces NM	505 522-1936	Night	1	.15
21 Aug 14	11:43 am	Las Cruces NM	505 524-4068	Day	1	.39

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52NM-6000 505 894-2306 19910729 02 09



TELEPHONE NUMBER 505 894-2306

BILL DATE October 16, 1996

PAGE 3 OF 4

GTE BILLING ADJUSTMENTS

Date	Description	Amount
1 Oct 9	Rate Case Refund Interest Credits	CR \$ 3.30
Total GTE billing adjustment(s) of \$ 3.30 applied to previous charges.		

GTE REGULATED SERVICE (Oct 16 to Nov 16)

	Amount
2 Local service charge	\$ 12.16
3 Interstate subscriber line chg.	6.00
Total	\$ 18.16

ed on time and
unt of use.**GTE Local Calls****Local Call Summary**

Call area	Period	No. of calls	Total mins.	Rate per min.	Amount
4 Local	All day	33	40	.0375	1.50
Total					\$ 1.50

GTE Regulated Long Distance Calls**Direct Dialed Calls**

Date	Time	Place called	Number called	Period	Min.	Amount
5 Sep 25	9:33 am	Deming NM	505 546-6182	Day	1	.28
6 Oct 1	11:39 am	Albuquerque NM	505 345-7646	Day	4	1.12
7 Oct 3	3:32 pm	Las Cruces NM	505 524-3554	Day	1	.28
8 Oct 7	3:17 pm	Santa Fe NM	505 471-4140	Day	4	1.12
9 Oct 11	8:53 am	Mimbres NM	505 536-2800	Day	1	.23
Total						\$ 3.03

Regulated Service Taxes and Surcharges

	Amount
10 Telecommunications relay service (0.33% of \$22.69)	\$.07
11 State tax (5.00% of \$22.69)	1.13
12 911 Fee - implementation	.25
13 911 Fee - maintenance	.26
Total	\$ 1.71

GTE regulated service charges

\$ 24.40

GTE NON-REGULATED SERVICE (Oct 16 to Nov 16)

	Amount
14 Local service charge	\$ 1.75
Total	\$ 1.75



TELEPHONE NUMBER 505 894-2306
BILL DATE November 16, 1996

PAYMENTS

- 1 Payment of \$ 38.66 received on Oct 20.
 - 2 Payment of \$ 45.41 received on Oct 20.
 - 3 Payment of \$ 32.46 received on Oct 28.
 - 4 Payment of \$ 26.25 received on Nov 18.
- Total payment(s) of \$ 142.78 received.

GTE REGULATED SERVICE (Nov 16 to Dec 16)		Amount
5 Local service charge		\$ 12.16
6 Interstate subscriber line chg		6.00
Total		\$ 18.16

Based on time and
amount of use.

GTE Local Calls

Local Call Summary

Call area	Period	No. of calls	Total mins.	Rate per min.	Amount
7 Local	All day	40	42	.0375	1.57
Total					\$ 1.57

GTE Regulated Long Distance Calls

Direct Dialed Calls

Date	Time	Place called	Number called	Period	Min.	Amount
8 Oct 17	9:21 am	Mimbres NM	505 536-2800	Day	1	.23
9 Oct 23	7:41 am	Mimbres NM	505 536-2800	Day	1	.23
10 Oct 29	11:11 am	Las Cruces NM	505 525-2555	Day	4	1.12
11 Oct 29	11:15 am	Las Cruces NM	505 524-0781	Day	3	.84
12 Oct 30	8:37 am	Las Cruces NM	505 525-2555	Day	1	.28
13 Nov 8	9:38 am	Albuquerque NM	505 266-5687	Day	2	.56
14 Nov 8	9:44 am	Albuquerque NM	505 877-4420	Day	3	.84
Total						\$ 4.10

Regulated Service Taxes and Surcharges

	Amount
15 Telecommunications relay service (0.33% of \$23.83)	\$.08
16 State tax (5.00% of \$23.83)	1.19
17 911 Fee - implementation	.25
18 911 Fee - maintenance	.26
Total	\$ 1.78

GTE regulated service charges

\$ 25.61

GTE NON-REGULATED SERVICE (Nov 16 to Dec 16)

	Amount
19 Local service charge	\$ 1.75
Total	\$ 1.75



TELEPHONE NUMBER 505 894-2306

PAGE 3 OF 4

BILL DATE December 16, 1996

GTE REGULATED SERVICE (Dec 16 to Jan 16)

	Amount
1 Local service charge	\$ 12.16
2 Interstate subscriber line chg	6.00
Total	\$ 18.16

Based on time and
amount of use.**GTE Local Calls****Local Call Summary**

Call area	Period	No. of calls	Total mins.	Rate per min.	Amount
3 Local	All day	30	69	.0375	2.58
Total					\$ 2.58

GTE Regulated Long Distance Calls**Direct Dialed Calls**

Date	Time	Place called	Number called	Period	Min.	Amount
4 Nov 25	3:26 pm	Las Cruces NM	505 524-6300	Day	1	\$.28
5 Nov 25	4:25 pm	Las Cruces NM	505 524-6300	Day	1	.28
6 Nov 26	8:50 am	Las Cruces NM	505 644-8302	Day	1	.28
7 Dec 6	10:58 am	Las Cruces NM	505 524-6300	Day	1	.28
Total						\$ 1.12

Regulated Service Taxes and Surcharges

	Amount
8 Telecommunications relay service (0.33% of \$21.86)	\$.07
9 State tax (5.00% of \$21.86)	1.09
10 911 Fee - implementation	.25
11 911 Fee - maintenance	.26
Total	\$ 1.67

GTE regulated service charges

\$ 23.53

GTE NON-REGULATED SERVICE (Dec 16 to Jan 16)

	Amount
12 Local service charge	\$ 1.75
Total	\$ 1.75

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TELEPHONE NUMBER 505 894-2306

PAGE 3 OF 4

BILL DATE January 16, 1997

PAYMENTS

1. Payment of \$ 24.16 received on Dec 21.
 Total payment(s) of \$ 24.16 received.

GTE REGULATED SERVICE (Jan 16 to Feb 16)		Amount
2 Local service charge		\$ 12.16
3 Interstate subscriber line chg		6.00
Total		\$ 18.16

Based on time and
amount of use.

GTE Local Calls**Local Call Summary**

Call area	Period	No. of calls	Total mins.	Rate per min.	Amount
4 Local	All day	50	82	.0375	3.07
Total					\$ 3.07

GTE Regulated Long Distance Calls

Direct Dialed Calls							
Date	Time	Place called	Number called	Period	Min.	Amount	
5 Jan 6	10:41 am	Las Cruces NM	505 526-5754	Day	2	\$.56	
6 Jan 8	11:05 am	SilverCity NM	505 538-3475	Day	1	.28	
7 Jan 8	11:07 am	Deming NM	505 546-7221	Day	4	1.12	
8 Jan 8	3:29 pm	Las Cruces NM	505 524-6300	Day	3	.84	
9 Jan 9	8:32 am	Las Cruces NM	505 524-6300	Day	1	.28	
10 Jan 9	8:45 am	Albuquerque NM	505 888-4464	Day	4	1.12	
11 Jan 9	10:17 am	Mimbres NM	505 536-2800	Day	1	.23	
12 Jan 9	10:19 am	Las Cruces NM	505 524-4068	Day	4	1.12	
13 Jan 9	10:24 am	Columbus NM	505 531-2711	Day	2	.56	
14 Jan 9	10:26 am	Deming NM	505 546-6182	Day	3	.84	
15 Jan 9	10:57 am	Las Cruces NM	505 525-2555	Day	3	.84	
16 Jan 9	11:05 am	Las Cruces NM	505 526-5442	Day	4	1.12	
17 Jan 9	11:10 am	Santa Fe NM	505 827-5754	Day	1	.28	
18 Jan 9	11:14 am	Santa Fe NM	505 827-9960	Day	1	.28	
19 Jan 9	11:15 am	Santa Fe NM	505 690-5370	Day	14	3.92	
20 Jan 15	10:43 am	Las Cruces NM	505 523-2456	Day	3	.84	
21 Jan 16	8:33 am	Albuquerque NM	505 345-8631	Day	2	.56	
22 Jan 16	9:48 am	Las Cruces NM	505 523-5636	Day	4	1.12	
23 Jan 16	2:24 pm	Las Cruces NM	505 524-3554	Day	3	.84	
Total						\$ 16.75	

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H0007558 SJ0008051143



TELEPHONE NUMBER 505 894-2306

PAGE 3 OF 4

BILL DATE February 16, 1997

PAYMENTS

- 1 Payment of \$ 25.38 received on Feb 3.
 - 2 Payment of \$ 42.37 received on Feb 17.
- Total payment(s) of \$ 67.75 received.

GTE REGULATED SERVICE (Feb 16 to Mar 16)

	Amount
3 Local service charge	\$ 12.16
4 Interstate subscriber line chg	6.00
Total	\$ 18.16

Based on time and
amount of use.

GTE Local Calls**Local Call Summary**

Call area	Period	No. of calls	Total mins.	Rate per min.	Amount
5 Local	All day	85	154	.0375	5.77
Total					\$ 5.77

GTE Regulated Long Distance Calls**Direct Dialed Calls**

Date	Time	Place called	Number called	Period	Min.	Amount
6 Jan 17	8:39 am	Las Cruces NM	505 526-5754	Day	2	.56
7 Jan 17	8:56 am	Albuquerque NM	505 345-8631	Day	2	.56
8 Jan 17	9:18 am	Albuquerque NM	505 877-1030	Day	11	3.08
9 Jan 17	9:31 am	Albuquerque NM	505 247-4036	Day	1	.28
10 Jan 22	2:06 pm	Columbus NM	505 531-2711	Day	1	.28
11 Jan 28	3:15 pm	Santa Fe NM	505 827-5754	Day	4	1.12
12 Jan 29	3:35 pm	Columbus NM	505 531-2711	Day	1	.28
13 Feb 5	9:07 am	Las Cruces NM	505 524-4068	Day	4	1.12
14 Feb 5	9:50 am	Albuquerque NM	505 345-8383	Day	5	1.40
15 Feb 5	9:55 am	Albuquerque NM	505 897-2325	Day	6	1.68
16 Feb 6	8:28 am	Albuquerque NM	505 897-2325	Day	1	.28
17 Feb 6	8:29 am	Albuquerque NM	505 897-2325	Day	2	.56
18 Feb 10	2:22 pm	Santa Fe NM	505 827-5754	Day	2	.56
19 Feb 10	2:27 pm	Santa Fe NM	505 690-5370	Day	1	.28
20 Feb 11	1:42 pm	Santa Fe NM	505 827-1194	Day	3	.84
21 Feb 12	4:01 pm	Columbus NM	505 531-2711	Day	3	.84
Total						\$ 13.72

Regulated Service Taxes and Surcharges

	Amount
22 State tax (5.00% of \$37.65)	\$ 1.88
23 Telecommunications relay service (0.33% of \$37.65)	.12



TELEPHONE NUMBER 505 894-2306

BILL DATE

March 16, 1997

PAGE 3 OF 4

GTE REGULATED SERVICE (Mar 16 to Apr 16)

Amount

1 Local service charge	\$ 12.16
2 Interstate subscriber line chg	6.00
Total	\$ 18.16

Based on time and amount of use.

GTE Local Calls**Local Call Summary**

Call area	Period	No. of calls	Total mins.	Rate per min.	Amount
3 Local	All day	85	163	.0375	6.11
Total					\$ 6.11

GTE Regulated Long Distance Calls**Direct Dialed Calls**

Date	Time	Place called	Number called	Period	Min.	Amount
4 Feb 18	8:56 am	Albuquerque NM	505 345-8631	Day	2	\$.56
5 Feb 18	9:01 am	Albuquerque NM	505 877-1030	Day	3	.84
6 Feb 26	4:16 pm	Las Cruces NM	505 524-4068	Day	1	.28
7 Feb 27	8:58 am	Cottonwood NM	505 365-2666	Day	2	.56
8 Mar 3	9:31 am	Cottonwood NM	505 365-2666	Day	1	.28
9 Mar 3	11:24 am	Las Cruces NM	505 523-2456	Day	2	.56
10 Mar 7	9:39 am	Las Cruces NM	505 525-2555	Day	4	1.12
11 Mar 7	10:00 am	Las Cruces NM	505 523-3744	Day	1	.28
12 Mar 7	10:00 am	Las Cruces NM	505 523-8606	Day	3	.84
13 Mar 11	10:54 am	Albuquerque NM	505 822-0311	Day	4	1.12
14 Mar 11	10:59 am	Albuquerque NM	505 822-0311	Day	6	1.68
15 Mar 11	11:08 am	Las Cruces NM	505 525-2212	Day	2	.56
16 Mar 11	3:50 pm	Albuquerque NM	505 822-0311	Day	3	.84
17 Mar 12	9:29 am	Albuquerque NM	505 822-0311	Day	8	2.24
18 Mar 12	9:43 am	Las Cruces NM	505 525-2212	Day	4	1.12
19 Mar 12	1:08 pm	Las Cruces NM	505 525-2212	Day	5	1.40
20 Mar 12	1:57 pm	Las Cruces NM	505 525-2212	Day	4	1.12
Total						\$ 15.40

Regulated Service Taxes and Surcharges

Amount

21 State tax (5.00% of \$39.67)	\$ 1.98
22 Telecommunications relay service (0.33% of \$39.67)	.13
23 911 Fee - implementation	.25
24 911 Fee - maintenance	.26
Total	\$ 2.62

\$ 42.29

GTE regulated service charges

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TELEPHONE NUMBER 505 894-2306

PAGE 3 OF 4

BILL DATE April 16, 1997

PAYMENTS

1 Payment of \$ 42.01 received on Mar 29.
Total payment(s) of \$ 42.01 received.

GTE REGULATED SERVICE (Apr 16 to May 16)

	Amount
2 Local service charge	\$ 12.16
3 Interstate subscriber line chg	6.00
Total	\$ 18.16

Based on time and
amount of use.

GTE Local Calls**Local Call Summary**

Call area	Period	No. of calls	Total mins.	Rate per min.	Amount
4 Local	All day	80	205	.0375	7.68
Total					\$ 7.68

GTE Regulated Long Distance Calls**Direct Dialed Calls**

Date	Time	Place called	Number called	Period	Min.	Amount
5 Mar 25	9:37 am	Albuquerque NM	505 848-3720	Day	3	\$.84
6 Mar 25	11:44 am	Albuquerque NM	505 848-3720	Day	4	1.12
7 Mar 26	10:18 am	Albuquerque NM	505 848-3720	Day	1	.28
8 Mar 27	9:07 am	Albuquerque NM	505 848-3720	Day	1	.28
9 Apr 5	8:03 am	Las Cruces NM	505 524-1222	Night	1	.17
10 Apr 5	8:04 am	Las Cruces NM	505 525-1222	Night	6	1.02
11 Apr 10	8:37 am	Las Cruces NM	505 523-2456	Day	2	.56
12 Apr 15	2:36 pm	Albuquerque NM	505 345-8631	Day	5	1.40
13 Apr 16	8:22 am	Las Cruces NM	505 524-4068	Day	1	.28
14 Apr 16	8:27 am	Las Cruces NM	505 524-4068	Day	1	.28
Total						\$ 6.23

Regulated Service Taxes and Surcharges

	Amount
15 State tax (5.00% of \$32.07)	\$ 1.60
16 Telecommunications relay service (0.33% of \$32.07)	.11
17 911 Fee - implementation	.25
18 911 Fee - maintenance	.26
Total	\$ 2.22

GTE regulated service charges**\$ 34.29****GTE NON-REGULATED SERVICE (Apr 16 to May 16)**

	Amount
19 Local service charge	\$ 1.75
Total	\$ 1.75



TELEPHONE NUMBER 505 894-2306

PAGE 4 OF 6

BILL DATE May 16, 1997

GTE Regulated Long Distance Calls (continued)**Direct Dialed Calls (continued)**

	Date	Time	Place called	Number called	Period	Min.	Amount
1	May 12	8:04 am	Las Cruces NM	505 525-2212	Day	2	\$.56
2	May 12	8:06 am	Las Cruces NM	505 525-2212	Day	3	.84
3	May 12	9:37 am	Roswell NM	505 624-6058	Day	1	.28
4	May 12	9:38 am	Lakewood NM	505 457-2384	Day	2	.56
5	May 12	10:23 am	Las Cruces NM	505 525-2212	Day	1	.28
6	May 12	2:35 pm	Albuquerque NM	505 881-3511	Day	7	1.96
7	May 12	2:44 pm	Albuquerque NM	505 884-0300	Day	3	.84
8	May 14	7:46 am	Las Cruces NM	505 525-2212	Day	4	1.12
9	May 14	7:51 am	Las Cruces NM	505 524-4068	Day	1	.28
10	May 14	7:53 am	Mimbres NM	505 536-2800	Day	1	.23
11	May 14	7:56 am	Columbus NM	505 531-2711	Day	1	.28
12	May 15	1:10 pm	Albuquerque NM	505 345-7646	Day	2	.56
13	May 15	2:50 pm	Las Cruces NM	505 525-2212	Day	3	.84
Total							\$ 28.79

Regulated Service Taxes and Surcharges

	Amount
14 State tax (5.00% of \$55.20)	\$ 2.76
15 Telecommunications relay service (0.33% of \$55.20)	.18
16 911 Fee - implementation	.25
17 911 Fee - maintenance	.26
Total	\$ 3.45

GTE regulated service charges**\$ 58.65****GTE NON-REGULATED SERVICE (May 16 to Jun 16)**

	Amount
18 Local service charge	\$ 1.75
Total	\$ 1.75

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TELEPHONE NUMBER 505 894-2306

BILL DATE

May 16, 1997

PAGE 3 OF 6

PAYMENTS

- 1 Payment of \$ 44.14 received on May 7.
- 2 Payment of \$ 36.14 received on May 15.
- Total payment(s) of \$ 80.28 received.

GTE REGULATED SERVICE (May 16 to Jun 16)...

	Amount
3 Local service charge	\$ 12.16
4 Interstate subscriber line chg	6.00
Total	\$ 18.16

Based on time and
amount of use.**GTE Local Calls****Local Call Summary**

Call area	Period	No. of calls	Total mins.	Rate per min.	Amount
5 Local	All day	115	220	.0375	8.25
Total					\$ 8.25

GTE Regulated Long Distance Calls**Direct Dialed Calls**

Date	Time	Place called	Number called	Period	Min.	Amount
6 Apr 18	9:17 am	Las Cruces NM	505 522-1050	Day	2	\$.56
7 Apr 18	9:20 am	Albuquerque NM	505 883-7742	Day	1	.28
8 Apr 18	9:25 am	Albuquerque NM	505 884-0000	Day	1	.28
9 Apr 18	9:27 am	Albuquerque NM	505 888-1675	Day	3	.84
10 Apr 23	9:53 am	La Mesa NM	505 233-0123	Day	7	1.96
11 Apr 28	9:21 am	Las Cruces NM	505 524-3614	Day	2	.56
12 Apr 29	9:35 am	Las Cruces NM	505 525-2212	Day	2	.56
13 Apr 29	9:44 am	Las Cruces NM	505 526-6811	Day	2	.56
14 Apr 29	9:48 am	Las Cruces NM	505 524-8696	Day	3	.84
15 Apr 29	11:12 am	Albuquerque NM	505 243-7883	Day	13	3.64
16 Apr 29	11:35 am	Las Cruces NM	505 523-2456	Day	2	.56
17 Apr 30	7:51 am	Roswell NM	505 624-6058	Day	1	.28
18 Apr 30	8:02 am	Las Cruces NM	505 523-2456	Day	4	1.12
19 Apr 30	3:59 pm	Albuquerque NM	505 345-8631	Day	5	1.40
20 May 1	8:38 am	Las Cruces NM	505 524-8666	Day	2	.56
21 May 2	12:02 pm	Las Cruces NM	505 525-2212	Day	2	.56
22 May 2	1:04 pm	Las Cruces NM	505 525-2212	Day	4	1.12
23 May 6	10:01 am	Albuquerque NM	505 345-9600	Day	1	.28
24 May 6	10:21 am	Albuquerque NM	505 345-9600	Day	1	.28
25 May 6	11:15 am	Albuquerque NM	505 345-1955	Day	2	.56
26 May 7	11:03 am	Las Cruces NM	505 524-4068	Day	1	.28
27 May 8	7:49 am	Roswell NM	505 624-6058	Day	1	.28
28 May 9	7:51 am	Las Cruces NM	505 525-2212	Day	2	.56
29 May 9	1:25 pm	Las Cruces NM	505 525-2213	Day	1	.28
30 May 9	1:27 pm	Las Cruces NM	505 525-2212	Day	5	1.40
31 May 9	1:47 pm	Las Cruces NM	505 525-2212	Day	2	.56

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ATTACHMENT #16

**COPY OF NM MOTOR VEHICLE DIVISION REGISTRATION
RECORD ON NM 1807-RVP**

NLTA. WQ. [REDACTED]

Tue Mar 30 17:50:22 MST 1999

Rudy Ramirez

NMCIC [REDACTED]

NMSP

Tue Mar 30 17:50:22 MST 1999

NLET. [REDACTED]

Tue Mar 30 17:50:39 MST 1999

** NO MORE RECORDS - END RESPONSE

David P. Rays Vehicle

ATTACHMENT #17

**COPY OF NM STATE PARKS NON-CLASSIFIED PERSONNEL
RECORDS ON DAVID PARKER RAY**

3/31/99 Time: 08:05:09 AM

MOTOR VEHICLE DIVISION
03/31/1999 BOAT TITLE/REGISTRATION INFORMATION

REG. EXPIRES: 1999 TITLE NUMBER: 97069021A001624 TITLE DATE: 04/09/1997
TTL FORM NBR: 112329 STATUS: ACTIVE TITLE STAT: ACTIVE REG. STAT: ACTIVE
REG NBR: NM6594AO HULL ID: 44910002 STICKER NBR: 11320
MAKE: LONESTAR MODEL: CRUISER YEAR MODEL: 1966 STATE OF USE: NE
HORSE POWER: 140 ENGINE ID NBR: OVERALL LENGTH: 24 FT. 0 IN.

BEAM WIDTH: 8 TRANSON DEPTH: 3 NBR PEOPLE: 13 PERSON CAP. LBS: 1,920
TYPE USE: 1 TYPE BOAT: 2 PROPULSION: 3 HULL MATERIAL: 2 FUEL: 1
(PLEASURE) (CABIN) (IN/OUTBOARD) (ALUMINUM) (GASOLINE)*

NAME: 1) RAY DAVID P
ADDRESS: P O BOX 148
CITY: ELEPHANT BUTTE STATE: NM ZIP: 87935
SSN APP1: 525940444 SSN APP2:

DOS: 11/06/1939 CNTY: 21 PHONE NBR: (505)744-5070 PREV REG NBR:
US CITIZENSHIP (Y/N): Y ACTIVE MILITARY (Y/N): N TRADE IN (Y/N): N
PREV TITLE: 89055934A000008 PREV STATE: NM NUMBER OF LIENS:

DATE PURCHASED: 04/05/1997 EXCISE TAX: \$25.00 TAX CREDIT: \$0.00
REG. FEE: \$36.00 TITLE FEE: \$10.00 TOTAL FEES: \$71.00
SALES PRICE: \$500.00 TRADE IN PRICE: \$0.00
REPORT NBR: 970690 LAST TRAN CODE: 02 LAST TRAN DATE: 04/09/1997 CLERK: DLC

LIEN HOLDER INFORMATION

FIRST
LIENHOLDER

File Date: 00 00 0000 Maturity Date: 00 00 0000
(mm/dd/year) (mm/dd/year)

Lien Holder Code:

Name:
Address:
City:

State: Zip:

SECOND
LIENHOLDER

File Date: 00 00 0000 Maturity Date: 00 00 0000
(mm/dd/year) (mm/dd/year)

Lien Holder Code:

Page 1 Document Name: untitled

MPVMM03
MVVPM03

STATE OF NEW MEXICO
MOTOR VEHICLE DIVISION
VEHICLE TITLE/REGISTRATION INQUIRY

03/30/1999
08:06:52

NAME: RAY DAVID P
RESIDENTIAL ADDRESS: P O BOX 148
CITY: ELEPHANT BUTTE

STATE: NM ZIP: 87935 -

***** REGISTRATION INFORMATION ***** STATUS ***
PLATE#: 705GLN VIN: 1B4GW12T6FS663240 MODEL YEAR: 1985 *REG: ACTIVE
REG EXP DATE: 09/30/1999 REG TYPE: S RPT NUM: 981800 *TTL: ACTIVE
REG DATE: 09/14/1998 STICKER: 099794504 DGWV: 00000 *VEH: ACTIVE
EMS: EMS YR DUE: SPECIAL PLATE: 0 FLEET: *****
COUNTY NUM: 21 PLATE ISSUE: NON USE: FIRST YR: 1985
TWO YEAR: N CLERK: FIELD OFF: 34E TRAN CD: 06
MTD NUM: 2290 RPT: BATCH # : TRAN DT: 1998-09-14
***** TITLE INFORMATION *****
TTL: 94171121A342236 TITLE DATE: 09/01/1994 NUM OF LIENS: WT: 04280

***** VEHICLE INFORMATION *****
VEH CLASS: 11 MAKE: DODG BODY: UT SERIES: RAM CYL: 08 FUEL: G

PF1:RESTART PF2:NAME LOOKUP PF3:PERSONAL INFO PF4:VEHICLE PF5:TTL INFO
PF6:THEFT PF7:TTL HISTORY PF8:INSURANCE PF9:LIEN INFO PF10:MB HOME
PF11:FEES PF12:EXIT PF16:SUPPR

ASSIGNMENT OF TITLE

IMPORTANT: ANY CHANGE OR ERASURE WILL VOID THIS TITLE. PURCHASER RECEIPT FOR DEALERS MUST APPLY TO THE MOTOR VEHICLE DIVISION WITHIN 30 DAYS FOR TRANSFER OF TITLE AND REGISTRATION.

FOR THE EXACT AMOUNT OF \$ 500.00 (Two hundred and no/100) I hereby sell, assign, transfer and convey the vehicle described on the reverse side of this Certificate of Title and warrant the vehicle as being in conformity to the fee of any federal production, unless otherwise noted.

PURCHASER'S NAME: DAVID P. KAY Lienholder

ADDRESS: P.O. Box 148 ADDRESS

CITY, STATE, ZIP: Elephant Butte, NM. 87935 CITY, STATE, ZIP

odometer mileage upon transfer of ownership: 125,229 The odometer mileage is in excess of 99,999 miles or less. The odometer reading is not the actual mileage.

I, the undersigned, being of legal age, under penalty of perjury, that the information given herein is true and correct to the best of my knowledge and belief.

Signature of Transferor: [Signature] Date: 11-2-97

Signature of Dealer: [Signature] Date: 11-2-97

REASSIGNMENT OF TITLE BY REGISTERED DEALER ONLY.

For assignment of title, the dealer must assign the vehicle described on the reverse side of this Certificate of Title and warrant the vehicle as being in conformity to the fee of any federal production, unless otherwise noted. Transfer must be made within 30 days of purchase.

PURCHASER'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

odometer mileage upon transfer of ownership: _____ The odometer mileage is in excess of 99,999 miles or less. The odometer reading is not the actual mileage.

I, the undersigned, being of legal age, under penalty of perjury, that the information given herein is true and correct to the best of my knowledge and belief.

Signature of Assignor: _____ Date: _____

Signature of Assignee: _____ Date: _____

RELEASE: _____ Date: 11-2-97

OF NEW: _____ Date: 11-2-97

CERTIFICATE OF TITLE

NEW MEXICO TRANSPORTATION DEPARTMENT MOTOR VEHICLE DIVISION

Vehicle Identification Number		Type of Title		Title Number	
NH19273273		ORIGINAL		87098202A327628	
Engine or Other I.D. Number		Previous Title Number and State		1st Reg. Date of Issue	
830BF3V012378		81044802A096323 NM		73 05/19/87	
Year	Make	Model	Body	Cyls.	GVW
73	STAD	STA	NO	08	8000
Licenses Plate Number(s)			Vehicle Class		Type of Fuel
RVY2752			MOTOR HOME		GASOLINE
M.I.S. No.			Approximate Location of Mobile Home		Odometer
					71033

Name and Address of Registered Owner(s)

BLUMENSHINE BOB
6303 10KAY NE
ALBUQUERQUE

NH 87113

THIS CERTIFICATE OF TITLE IS EVIDENCE OF LEGAL OWNERSHIP OF THE VEHICLE DESCRIBED ABOVE. THE STATE ACCEPTED IN THE RECORDS OF THE MOTOR VEHICLE DIVISION. UPON SALE OF THIS VEHICLE, THIS CERTIFICATE MUST BE PROPERLY ASSIGNED OR REASSIGNED ON THE REVERSE AND PRESENTED BY THE PURCHASER TO THE MOTOR VEHICLE DIVISION FOR TRANSFER. IF THIS IS A NON-NEGOTIABLE TITLE, IT CANNOT BE USED AS A TRANSFER DOCUMENT.

IMPORTANT: THERE IS AN ADDITIONAL STATUTORY FEE FOR FAILURE BY PURCHASER TO APPLY FOR TRANSFER WITHIN 30 DAYS FROM DATE OF SALE.



FRANK A. MULHOLLAND
DIRECTOR

DO NOT CARRY IN VEHICLE - KEEP IN SAFE PLACE

THE DIVISION WILL NOT BE RESPONSIBLE FOR FALSE OR FRAUDULENT STATEMENTS MADE IN CONNECTION WITH THIS CERTIFICATE OF TITLE OR FOR RECORDING ERRORS MADE BY THE DIVISION.

FIRST LIENHOLDER		SECOND LIENHOLDER	
File Date	Maturity Date	File Date	Maturity Date
05/19/87	05/19/89		
Name and Address		Name and Address	
WILMA L. MEYER 2741 TRUMAN NE ALBUQUERQUE		NM 87110	
REV. 1/72		NOT A TITLE	

VOID IF ALTERED

AFFIDAVIT OF ERROR

State of NY

County of Schenectady

VEHICLE DESCRIPTION

Make STAR

VIN MH 19273273

Year 1973

Title 870 984022301628

As MO

Enter check in

Assignment 4
 Typographical
 Other ✓

EXPLANATION

I, William Weaver, Seller, do hereby certify that the above information is true and correct to the best of my knowledge and belief.

I, Bob Blumershtine, Buyer, do hereby certify that the above information is true and correct to the best of my knowledge and belief.

No other information is given.

We hereby swear or affirm under penalty of perjury, the information given is true and correct to the best of my knowledge and belief.

William Weaver
 Lienholder:

Signature X

Date 11-24-97

Bob Blumershtine
 Seller:

Signature Bob Blumershtine

Date 11-24-97

David P. Ray
 Purchaser:

Signature P. Ray

Date 11-24-97

STATE OF NEW YORK
MOTOR VEHICLE DIVISION

Bill of Sale

REGISTRATION OF
SALE OF MOTOR VEHICLE
AND VESSEL

FOR THE EXACT AMOUNT HEREIN STATED, I, THE SELLER, HEREBY SELL, TRANSFER AND CONVEY TO THE BUYER THE MOTOR VEHICLE OR VESSEL DESCRIBED BELOW, WARRANTING IT TO BE FREE OF ANY LIENS OR ENCUMBRANCES AND CERTIFYING THAT ALL INFORMATION CONCERNING THE SAME IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE.

VEHICLE OR VESSEL INFORMATION

YEAR 1973	MAKE STAR	MODEL STA
ENGINE NUMBER (IF APPLICABLE) 21413273373	VIN (IF APPLICABLE) 1234567890123456	REGISTRATION NUMBER 123456789
STATE NY	REGISTRATION TYPE REGULAR	REGISTRATION EXPIRATION DATE 12/31/74

I, THE SELLER, HEREBY DESIGNED TO DISCLOSE ALL KNOWN FACTS
RELATIVE TO THE CONDITION OF THE VEHICLE OR VESSEL, AND TO THE
TRANSFER OF OWNERSHIP THEREOF, AND TO THE FACTS OF THE SALE,
AND OF THE IMPROVEMENTS.

☒ THE VEHICLE OR VESSEL IS
MILLAGE (MILE) **1000**

☐ MILLAGE (MILE) **1000**
MECHANICAL (MILE) **1000**

☐ WHEELS
NEW (YES) ☐ OLD (YES) ☐ NONE

SIGNATURE OF SELLER **[Signature]** DATE **12/31/73**
PRINTED NAME **DAVID J. [Name]**

PLACE FOR GOVERNMENT RECORDS
THIS BILL OF SALE IS TO BE FILED IN THE OFFICE OF THE
CLERK OF THE COUNTY OF **[County]** AND IN THE OFFICE OF THE
CLERK OF THE COUNTY OF **[County]** FOR THE RECORDING THEREOF.

THIS BILL OF SALE IS TO BE FILED IN THE OFFICE OF THE
CLERK OF THE COUNTY OF **[County]** AND IN THE OFFICE OF THE
CLERK OF THE COUNTY OF **[County]** FOR THE RECORDING THEREOF.

SELLER'S NAME
TYPE OR PRINT **[Name]**
ADDRESS **[Address]**
CITY, STATE, ZIP CODE **[City, State, ZIP]**

FIRST SELLER'S SIGNATURE **[Signature]** DATE **12/31/73**

BUYER'S NAME(S)
TYPE OR PRINT **[Name]**

NOTES
THERE IS NO
STATUTORY
USE BY
APPLY FOR
WITHIN
DATE

ate: 3/30/99 Time: 08:40 AM

231

Page: 1 Document Name: untitled

MPVMM03 STATE OF NEW MEXICO 03/30/1999
MVVPM03 MOTOR VEHICLE DIVISION 08:04:29
VEHICLE TITLE/REGISTRATION INQUIRY

NAME: RAY DAVID P
RESIDENTIAL ADDRESS: P O BOX 148
CITY: ELEPHANT BUTTE

STATE: NM ZIP: 87935 -

***** REGISTRATION INFORMATION ***** STATUS ***
PLATE#: 1898RVP VIN: MH19273273 MODEL YEAR: 1973 *REG: ACTIVE
REG EXP DATE: 11/30/1998 REG TYPE: S RPT NUM: 972280 *TTL: ACTIVE
REG DATE: 11/25/1997 STICKER: 011055098 DGVW: 00000 *VEH: ACTIVE
EMS: EMS YR DUE: SPECIAL PLATE: 0 FLEET: *****
COUNTY NUM: 21 PLATE ISSUE: Y NON USE: FIRST YR: 1973
TWO YEAR: N CLERK: FIELD OFF: 21A TRAN CD: 03
MTD NUM: 2290 RPT: BATCH # : TRAN DT: 1997-11-30

***** TITLE INFORMATION *****
TTL: 97228221A007538 TITLE DATE: 11/25/1997 NUM OF LIENS: WT: 06350

***** VEHICLE INFORMATION *****
VEH CLASS: 29 MAKE: STAR BODY: MO SERIES: DOD CYL: 08 FUEL: G

PF1:RESTART PF2:NAME LOOKUP PF3:PERSONAL INFO PF4:VEHICLE PF5:TTL INFO
PF6:THEFT PF7:TTL HISTORY PF8:INSURANCE PF9:LIEN INFO PF10:MB HOME
PF11:FEES PF12:EXIT PF16:SUPPR

motor home - expired

MEMORANDUM FOR THE DIRECTOR

Subject: [Illegible]

Re: [Illegible]

None

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

CERTIFICATE OF TITLE
VEHICLE IDENTIFICATION NUMBER: **0K2RC0115BM108798** TYPE OF TITLE: **ORIGINAL** TITLE NUMBER: **92237121A812077**

ENGINE OR OTHER ID. NUMBER: **RC0152218421** PREVIOUS TITLE NUMBER AND STATE: **90126021A881775 NM** DATE OF ISSUE: **81 12/08/92**

YEAR	MAKE	MODEL	BODY	CYLS	GVW	WT/WHEELS	TYPE OF FUEL	LIENS
81	HOND	CB750C	MC	04		2	GASOLINE	1

LIEN HOLDER (OR OWNER) IF NO LIEN: **BANK OF THE S/W T OR C** LICENSE PLATE NUMBER(S): **0000000 A02017**

P.O. BOX 872 VEHICLE CLASS: **MOTORCYCLE** CLECK: **DTF**

T OR C: **DTF** FILE DATE: **12/08/92** MATURITY DATE: **09/01/95**

OWNER(SHIF) IF NOT RECORDED: **DANFORTH DANIEL D** APPROXIMATE LOCATION OF MOBILE HOME:

P.O. BOX 946

ELEPHANT BUTTE NM 87935

SECOND LIEN HOLDER

ODOMETER CODES: AM - ACTUAL VEHICLE MILEAGE, EL - MILEAGE IN EXCESS OF MECHANICAL LIMITS OR NM - NOT ACTUAL MILEAGE, WARNING-ODOMETER DISCREPANCY

4812077
NOT A TITLE NO

DO NOT CARRY IN VEHICLE - KEEP IN SAFE PLACE
IMPORTANT: THERE IS AN ADDITIONAL STATUTORY
FEE FOR FAILURE BY PURCHASER TO APPLY FOR
TRANSFER WITHIN 30 DAYS FROM DATE OF SALE

FILE DATE: MATURITY DATE:

RELEASED BY: **BY [Signature]** DATE: **9-1-94**

THIS CERTIFICATE OF TITLE IS EVIDENCE OF LEGAL OWNERSHIP OF THE VEHICLE DESCRIBED ABOVE. UPON SALE OF THE VEHICLE, THE CERTIFICATE MUST BE PROMPTLY ASSIGNED ON THE BACK AND PRESENTED BY THE PURCHASER TO THE MOTOR VEHICLE DIVISION FOR TRANSFER. THE DIVISION IS NOT RESPONSIBLE FOR FALSE OR FRAUDULENT STATEMENTS MADE BY SUBMITTERS WITH THIS CERTIFICATE OF TITLE. CATHED LIABLE FOR RECORDING ERRORS.

TIM SALAZAR, III, DIRECTOR

NEW MEXICO MOTOR VEHICLE DIVISION

MVD 10009
REV 11/92

STATE OF NEW MEXICO
MOTOR VEHICLE DIVISION

ANY ALTERATIONS OR
ERASURES WILL VOID
THIS DOCUMENT!

Bill of Sale

FOR THE EXACT AMOUNT INDICATED, I (WE) HEREBY SELL, TRANSFER AND CONVEY THE VEHICLE OR VESSEL DESCRIBED BELOW, WARRANT IT TO BE FREE OF ANY LIENS OR ENCUMBRANCES AND CERTIFY THAT ALL INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE.

VEHICLE OR VESSEL INFORMATION				EXACT SALE AMOUNT	
				\$ 200.00	
YEAR	MAKE	MODEL	BODY TYPE (SHELL)		
81	Honda	CB750C			
ENGINE NUMBER (IF APPLICABLE)		VEHICLE OR HULL IDENTIFICATION (SERIAL) NUMBER		LICENSE PLATE OR BOAT REGISTRATION NUMBER	
K01E2218421		JH2RC0115 B11 108 798			
STATE	OVERALL BOAT LENGTH	BOAT BEAM WIDTH	BOAT TRANSOM DEPTH		
	FT. IN.	FT. IN.	FT. IN.		

VEHICLE ODOMETER DISCLOSURE STATEMENT

FEDERAL AND STATE LAW REQUIRES THE TRANSFEROR (SELLER) OF A VEHICLE TO STATE THE ODOMETER MILEAGE UPON TRANSFER OF OWNERSHIP. ANYONE CONVICTED OF A FRAUDULENT ODOMETER STATEMENT WILL BE SUBJECT TO FINES AND/OR IMPRISONMENT.

I (we) hereby certify that the ODOMETER READING of the vehicle described above is: 50,123 (no limit) miles and that to the best of my knowledge stated mileage is (check one of the following):

☒ THE ACTUAL MILEAGE (AM)*

☐ MILEAGE IN EXCESS OF MECHANICAL LIMITS (EL)*

☐ WARNING! NOT THE ACTUAL MILEAGE ODOMETER DISCREPANCY (NM)*

* = Mileage Codes

SELLER'S
PRINTED NAME

DANIEL D. DANFORTH

SELLER'S
SIGNATURE

[Signature]

BUYER'S
PRINTED NAME

DAVID P. RAY

BUYER'S
SIGNATURE

[Signature]

PLATE - TO - OWNER INFORMATION: New Mexico uses a Plate-to-Owner procedure for transferring ownership of vehicles. Under this procedure plates are assigned to you the owner (seller) rather than the vehicle. When disposing of a vehicle the license plate must be removed by the seller before delivery is made to the purchaser or new owner. The seller then has 30 days in which to register the removed plate with another vehicle of the same class or return it to a local MVD field office for cancellation.

NOTE: THE DIVISION IS NOT RESPONSIBLE FOR FAILURE OF FRAUDULENT STATEMENTS MADE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP OR HULL DAMAGE FOR EXCEEDING PERIODS.

SELLER'S NAME(S) TYPE OR PRINT		DATE	
DANIEL D. DANFORTH		8-21-95	
ADDRESS			
PO Box 946			
CITY, STATE, ZIP CODE			
E BUTTE, N.M. 87935			
FIRST SELLER'S SIGNATURE		SECOND SELLER'S SIGNATURE (IF JOINT OWNERSHIP)	
[Signature]		X	
BUYER'S NAME(S) TYPE OR PRINT			
DAVID P. RAY			
ADDRESS			
PO Box 148			
CITY, STATE, ZIP CODE			
E BUTTE, N.M. 87935			

SEE REVERSE SIDE FOR INSTRUCTIONS

STATE OF NEW MEXICO
TAXATION & REVENUE DEPARTMENT
VEHICLE DIVISION
APPLICATION FOR VEHICLE
TITLE AND REGISTRATION
MVD 10001 REV 11/84

Title Number
95164121A356219

DIVISION
USE ONLY

7327608

Vehicle Identification Number 1J5BN108798	Year 83	Make MINI	Model/Style CB750C	Number of Doors 0	Pass Office Number 214
Engine or Other ID Number A 9112218471	Weight 0000	First Year Reg 1981	Date of Issue 08/22/95	Type of Title 03	1. Title Fee \$10.00 2. License Fee \$10.00 3. Equipment & Other \$0.00
Name and Address of Registrant/Owner PAY, DAVID P. P O BOX 148 ELIZABETH BLVD NM 87835		DOB 04	Body Type MC	Type of Feet 2	1. Disabled & Disabled \$0.00 2. Disabled & Disabled \$0.00
License Plate Number AG3170		Registration Sticker No 08082305		Vehicle Class MOTORCYCLE	
Previous Title No and State 92237121A812077 NM		Date of Transfer 08/21/95		Daily Registration	
Social Security or Employer Identification No		1st Reg Owner D.O.B. 110639	11/2 (Owner License No) 04210167	11/2 (Vehicle License No) 00000000	
First Lien		Due Date	Maturity Date	SECOND LIEN	Due Date
Name and Address		Name and Address			

REGISTRATION EXPIRATION

IMPORTANT REGISTRATION INFORMATION
YOUR REGISTRATION WILL EXPIRE ON THE LAST DAY OF THE MONTH AS INDICATED ABOVE AND ON YOUR LICENSE PLATE VALIDATION STICKER. THERE IS A PENALTY CHARGE FOR FAILING TO RENEW BY THIS DEADLINE.

ODOMETER DISCLOSURE STATEMENT

REGISTRATION AND TITLE FEES ARE BASED ON THE ODOMETER MILEAGE REPORTED ON THE REGISTRATION APPLICATION. THE ODOMETER MILEAGE REPORTED ON THE REGISTRATION APPLICATION WILL BE SUBJECT TO FINES AND PENALTIES IF THE ODOMETER MILEAGE REPORTED ON THE REGISTRATION APPLICATION IS NOT THE ACTUAL MILEAGE AT THE TIME OF REGISTRATION. IF THE ODOMETER MILEAGE REPORTED ON THE REGISTRATION APPLICATION IS NOT THE ACTUAL MILEAGE AT THE TIME OF REGISTRATION, THE REGISTRANT WILL BE SUBJECT TO FINES AND PENALTIES. IF THE ODOMETER MILEAGE REPORTED ON THE REGISTRATION APPLICATION IS NOT THE ACTUAL MILEAGE AT THE TIME OF REGISTRATION, THE REGISTRANT WILL BE SUBJECT TO FINES AND PENALTIES.

Signature of Registrant/Owner
Date of Signature

Signature of Notary Public
Date of Signature

APPLY ME
I hereby certify that the information given herein is true and correct to the best of my (our) knowledge.

Signature of Notary Public
Date of Signature

Signature of Notary Public
Date of Signature

Signature of Notary Public
Date of Signature

Disputed By	
Claimed By	
Sale Price	200.00
Local Transfer Fee	.00
Not Disputed	200.00
Not Exempt Fee	0.00
Registration	11.50
Late Reg. Penalty	.00
Votes Allowance	.00
Not Registered	11.50
Spec. Plate Fee	.00
Admin Fee	1.50
Transaction Fee	3.00
Late Transfer Fee	.00
Duplicate Title Fee	.00
TOTAL FEES	22.00

MVD Validation Only

DL 950822
TITLE TRANSFER
91 341 21A

Date: 3/30/99 Time: 08:48 AM

167

Page: 1 Document Name: untitled

MPVMM03
MVVPM03

STATE OF NEW MEXICO
MOTOR VEHICLE DIVISION
VEHICLE TITLE/REGISTRATION INQUIRY

03/30/1999
08:03:50

NAME: RAY DAVID P
RESIDENTIAL ADDRESS: P O BOX 148
CITY: ELEPHANT BUTTE

STATE: NM ZIP: 87935 -

***** REGISTRATION INFORMATION ***** STATUS ***
PLATE#: A63170 VIN: JH2RC0115BM108798 MODEL YEAR: 1981 *REG: ACTIVE
REG EXP DATE: 08/31/1997 REG TYPE: S RPT NUM: 961540 *TTL: ACTIVE
REG DATE: 08/06/1996 STICKER: 098242888 DGWV: 00000 *VEH: ACTIVE
EMS: EMS YR DUE: SPECIAL PLATE: 0 FLEET: *****
COUNTY NUM: 21 PLATE ISSUE: Y NON USE: FIRST YR: 1981
TWO YEAR: N CLERK: FIELD OFF: 21A TRAN CD: 06
MTD NUM: 2290 RPT: BATCH # : TRAN DT: 1996-08-06
***** TITLE INFORMATION *****
TTL: 95164121A356219 TITLE DATE: 08/22/1995 NUM OF LIENS: WT: 00002

***** VEHICLE INFORMATION *****
VEH CLASS: 21 MAKE: HOND BODY: MC SERIES: CB7 CYL: 04 FUEL: G

PF1:RESTART PF2:NAME LOOKUP PF3:PERSONAL INFO PF4:VEHICLE PF5:TTL INFO
PF6:THEFT PF7:TTL HISTORY PF8:INSURANCE PF9:LIEN INFO PF10:MB HOME
PF11:FEES PF12:EXIT PF16:SUPPR

Motor Cycle

3/29/99 Time: 11:30:44 AM

Document Name: untitled

03 STATE OF NEW MEXICO 03/30/1999
03 MOTOR VEHICLE DIVISION 08:02:38
VEHICLE TITLE/REGISTRATION INQUIRY

RAY DAVID P

ENTIAL ADDRESS: P O BOX 148

ELEPHANT BUTTE

STATE: NM ZIP: 87935 -

***** REGISTRATION INFORMATION ***** STATUS ***

F: A63190 VIN: GL14105294 MODEL YEAR: 1979 *REG: ACTIVE

IP DATE: 03/31/2000 REG TYPE: S RPT NUM: 990480 *TTL: ACTIVE

ATE: 03/09/1999 STICKER: 077956048 DGVW: 00000 *VEH: ACTIVE

EMS YR DUE: SPECIAL PLATE: 0 FLEET: *****

NUM: 21 PLATE ISSUE: NON USE: FIRST YR: 1979

EAR: 1 CLERK: 34E FIELD OFF: 34E TRAN CD: 08

IM: 2290 RPT: BATCH # : TRAN DT: 1999-03-09

***** TITLE INFORMATION *****

16064121A524084 TITLE DATE: 03/29/1996 NUM OF LIENS: WT: 00002

***** VEHICLE INFORMATION *****

CLASS: 21 MAKE: HOND BODY: MC SERIES: GL1 CYL: 04 FUEL: G

START PF2:NAME LOOKUP PF3:PERSONAL INFO PF4:VEHICLE PF5:TTL INFO
LEFT PF7:TTL HISTORY PF8:INSURANCE PF9:LIEN INFO PF10:MB HOME
EE PF12:EXIT PF16:SUPPR

Motor Cycle

AND THE UNIVERSITY OF CHICAGO

100

DATE

1. *State of Alaska*, Department of Transportation, Division of Aeronautics, *Alaska Department of Transportation Division of Aeronautics* (1995).

100

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[illegible]

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1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26



Figure 1. The effect of the number of trials on the mean number of correct responses for the 100 trials condition. The number of correct responses was significantly higher than the number of incorrect responses for all conditions. Error bars represent the standard error of the mean.

1953 RVF

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